

P.C.M Housing Association Limited

# Laxton Hall

## Inspection report

Laxton Hall  
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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

This unannounced inspection took place on the 27 January 2017. Laxton Hall provides accommodation for up to 29 people who require nursing or residential care for a range of personal care needs. There were 27 people in residence during this inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social care Act 2008 and associated regulations about how the service is run.

The strong cultural and compassionate ethos of the service provided at Laxton Hall was evident in all areas. Everyone living there received person centred and culturally specific care, which promoted all aspects of being Polish and created a positive healing environment.

The provider had created a community where people who had shared experiences in their early life (during World War II) could be together, talk to each other where little explanation was needed for an immediate understanding and deep cultural bond. People consistently told us this was very important to them.

The registered manager was a trusted and respected leader who involved people in creating their community by having their say in how the home was run.

The provider staffed the home with Polish Sisters of Mary Immaculate an order that was recognised for their humanity, compassion. The Sisters were sent from the Mother House in Poland, they were experienced in care for the elderly, particularly those who have been affected by events of World War II. The sisters provided supervision and guidance to all staff, who also had a deep understanding of Polish culture, traditions and language.

People experienced warm caring relationships with staff where conversation and sharing traditional Polish pastimes including story-telling and singing incorporated people's need to feel at home and promoted close bonds. Staff helped people to explore their life paths, successes and difficulties through reminiscence and conversation during activities. People described how living at Laxton Hall had brought them comfort and a sense of home. People could choose to actively practice their religious faith in the on-site chapel, accessible to all, and the priest was also an integral part of their community.

People received care and support from staff that had a deep understanding of their physical and psychological needs. Staff took time to get to know people and build relationships. People's healthcare needs were met by staff who were competent at closely monitoring people's clinical observations which enabled them to identify any deterioration in health quickly and respond. Staff referred people to health professionals for assessment of their mental and physical health where necessary. People were assisted to attend health and dental appointments and request that staff provided translation for them in medical

appointments if they chose.

People chose whether they stayed at Laxton Hall when their health deteriorated. Experienced staff facilitated people's wishes and provided end of life care that met their individual needs with kindness, compassion and understanding.

People's visitors were always made to feel welcome; staff helped to maintain family relationships that were important to people. There was a room where relatives who had travelled a long way to see their relatives could stay overnight.

People felt safe at Laxton Hall; all staff understood their responsibilities to safeguard people and knew how to raise any concerns with the right person if they suspected or witnessed ill treatment or poor practice.

People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed and people's care plans provided instruction to staff on how to mitigate people's risks to ensure people's continued safety. Staff understood the importance of maintaining people's mobility and encouraged people to walk and keep active. People's care was planned and delivered in line with their individual preferences, choices and needs.

People were cared for by staff that had received an induction that built their understanding of the key values and culture of the service. Staff received on-going training that enhanced their knowledge and behaviours to provide compassionate, safe and high quality care that supported people's needs.

People's meals were tailored to their cultural and religious beliefs which played a vital part in creating the feeling that they were at home. Traditional Polish food was made by the Sisters with fresh ingredients every day; they observed all the festivals that involved food including a Christmas Eve 12 course dinner. People received food they liked and staff catered for people's special diets.

People and their representatives were involved in decisions about the way that care was delivered and staff understood the importance of obtaining people's consent when supporting them with their daily living needs. The registered manager and care staff were aware of, and understood their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS) and applied that knowledge appropriately.

People knew how to raise a complaint and there were procedures in place to manage these in a timely way. Records relating to all aspects of care and management were fit for purpose and provided clear instruction to care staff; these were maintained in Polish and English.

Staff demonstrated a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.

Regular quality monitoring of all aspects of the service informed the provider of any improvements that were required and prompt action was taken where these were found.

## 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 remains Safe

People were safeguarded from harm as the provider had systems in place to prevent, recognise and report any suspected signs of abuse.

People received their care and support from sufficient numbers of staff that had been appropriately recruited and had the skills and experience to provide safe care.

Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

People's medicines were managed safely.

### Is the service effective?

Good ●

The service remains effective.

People received care from staff that had close supervision and support that enabled them to carry out their roles.

People received care from care staff that had the specific training and required skills they needed to meet people's needs.

Care staff knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

People received food and drink that related to their cultural and medical needs. People maintained a balanced diet.

People were supported to attend healthcare appointments.

### Is the service caring?

Outstanding ☆

The service was very caring.

People felt at home at Laxton Hall where their close knit community upheld people's Polish traditions and culture.

People received care from staff whose vocation was to provide humanity and compassion. People experienced these through conversations and sharing of life experiences which created close bonds with people who had undergone similar experiences and understanding staff.

People could observe their religious faith in the on-site chapel; where regular services and celebrations were held. The priest lived on site as an integral part of the community.

People experience respect and dignity in their care from staff who conveyed care and affection.

People were supported to maintain the relationships that were important to them; visitors were always welcome.

People chose whether they stayed at the home when their health deteriorated. The experienced staff facilitated people's wishes and provided end of life care that met their individual needs with kindness, compassion and understanding.

### Is the service responsive?

The service was very responsive.

People benefited from a way of life that ensured their assessed needs were met by knowledgeable and compassionate staff.

People experienced care that fully met their physical, social, cultural and spiritual needs.

People tried living at the home for a short while to ensure that they were happy before committing themselves to moving in permanently.

People's care was based on Department of Health research.

The provider had strong ties with the wider Catholic and Polish community, people travelled from all over the country to visit Laxton Hall for specific religious festivals and celebrations. Local people and people's relatives joined people during Mass.

People were confident that their complaints would be listened to.

**Outstanding** 

### Is the service well-led?

The service was well-led.

**Good** 

The registered manager was a trusted and respected leader who provided clear direction that ensured that people received high quality care.

People provided feedback about the positive nature of their relationships with staff at regular well attended meetings. The provider responded to all feedback from people living at Laxton Hall and their relatives.

The provider continued to maintain the building to a very high standard and kept up to date with all the fire and electrical regulations, to ensure people's comfort and safety.

Records relating to all aspects of care and management were fit for purpose and provided clear instruction to care staff; these were maintained in Polish and English. Records were securely stored to ensure confidentiality of information.

Staff had a good understanding of policies and procedures that guided them and underpinned their job role staff; these had been updated when required.

People's entitlement to a quality service was monitored by the audits regularly undertaken by the registered manager and the provider. The manager used the audits to improve the service and feedback to staff at team meetings where improvements were required.

The provider had a detailed business continuity plan which detailed the actions they would take if the home had to be evacuated or there was a failure with one of the main services to the home.

# Laxton Hall

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection was carried out by two inspectors with the assistance of a Polish interpreter on 27 January 2017. One of the inspectors also spoke fluent Polish.

Before the inspection we contacted the local health and social care commissioners who place and monitor the care of people living at Laxton Hall. We also reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with 10 people who used the service and three of their relatives. We spent some time observing care to help us understand the experience of people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with five members of staff including the registered manager. We reviewed the care records of three people who used the service and three staff recruitment files.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

# Is the service safe?

## Our findings

People told us they felt safe at Laxton Hall. One person told us "I feel safe here. I have the attention I need." Staff understood their responsibilities to safeguard people and knew how to raise any concerns with the right person if they suspected or witnessed ill treatment or poor practice. Staff had received training which included scenarios to enhance their understanding of when and how to report their concerns; they were supported by up to date guidance and procedures. One member of staff told us "I would report anything to [the registered manager]". The registered manager maintained records of safeguarding referrals and any investigations.

People were assessed for their potential risks such as their risk of acquiring pressure ulcers. People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. For example where people had returned from hospital with additional needs their risk assessments reflected their new and changed needs. People's care plans provided instruction to staff on how to mitigate people's risks to ensure people's continued safety. For example, people were assessed for their risk of falls and mobilising safely. One person's care plans described how one member of staff should help them to mobilise with their walking frame; we observed that staff followed the care plan and they recorded their actions in the daily notes.

People were assured that there were suitable safety arrangements for example in the event of a fire. People had been assessed for their mobility and co-cooperativeness in the event of an evacuation of the building. Although all the staff and service users spoke Polish as a first language there was always an English speaker on-site in case of emergency to liaise with emergency services and people's records were available in both English and Polish.

People were assured that regular maintenance safety checks were made in all areas of the home including safety equipment, water supplies and the fire alarm. Staff were mindful of the need to ensure that the premises were kept appropriately maintained to keep people safe; we saw that staff reported any issues that could affect people's safety and these were dealt with promptly.

People's assessed needs were safely met by sufficient numbers of experienced staff on duty. One member of staff told us "It's always like this, we are never short of staff, and everyone gets to do activities." The registered manager calculated how many staff were required and ensured that enough staff were allocated on the rotas. There were two staff allocated at night and additional staff were available to call upon if required as most staff lived on-site. A visiting health professional told us "I visit often, there is always enough staff." We observed that people received their care promptly and were engaged in conversations and activities with staff throughout the day.

The home was staffed by the Sisters of Mary Immaculate who were sent from the mother house in Poland to provide care for people living at Laxton Hall. They were experienced in care for the elderly and worked alongside care staff that prior to commencing employment in the home, applied and were interviewed through a recruitment process; records confirmed that this included checks for criminal convictions and



relevant references. The manager told us "It is important that we have the right staff; staff come recommended, this is important as staff contribute to people's lives and our community." We saw records that showed all staff had received a personal reference from their local priest and came recommended.

People's medicines were administered by all staff. We saw that the procedure they followed did not always follow their policy. We brought this to the attention of the registered manager who took immediate action; they were pro-active in rectifying the staff practice by reiterating the policy and supervising staff. The manager told us "I will ensure that all staff receive supervision and an update on their practice of administering medicines." Staff had received training in the safe administration, storage and disposal of medicines. Where people required medicines at specific times such as pain relief, records showed and staff demonstrated how they ensured people received these medicines on time. Staff had arranged for people to receive liquid medicines where they found swallowing tablets difficult. Staff followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain.

# Is the service effective?

## Our findings

People received care and support from staff that had a deep understanding of their physical and psychological needs.

New staff were supported to prepare to provide care through an in-depth induction process. The manager told us "New staff have two weeks to get to know our community first." The induction period for new staff centred around supporting staff to learn, understand and demonstrate the key values and culture of the service. Staff records showed that new staff shadowed more experienced staff before providing care by themselves. Staff told us their induction included reading peoples' care plans to help to get to know each person. One member of staff told us "I've learnt about people from reading their care plan, talking with them and their relatives."

All staff received training that included the completion of the Care Certificate. One member of staff told us "I've had lots of training. It's been an important part of me being able to care for the people here." The manager explained "All staff were put through the Care Certificate after it was introduced. Now all new staff take the Care Certificate when they join." The Care Certificate is based on 15 standards and aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support that meet people's needs.

Staff received training in areas that enabled them to understand and meet the care needs of each person they cared for; for example managing behaviours that challenged others, understanding dementia and the prevention of choking. One member of staff told us "We have constant training, I feel confident." All staff were supported to gain vocational qualifications; the Sisters had attained at least NVQ level 3.

People were looked after by care staff that received the supervision that they required to work effectively in their role. Staff supervision was centred around the values and culture of the home and helped staff reflect upon their practice and display these positive values on a day to day basis when providing care to people. Staff records showed that staff received supervision which also tested their competencies in areas such as communication skills and checking equipment.

People's meals were tailored to their cultural and religious beliefs. People and their relatives told us that food played a vital part in creating the feeling that they were at home. Everyone living at Laxton Hall was of Polish origin and traditional Polish food was made by the Sisters with fresh ingredients every day. The Sisters observed all the festivals that involved food, for example in keeping with Polish Christmas Eve, the Sisters provided the traditional 12 course dinner. One person told us "The food is very good. We have a good choice. We get asked what we would like. I always have what I want. It's so pleasing to have Polish food."

The Sisters and care staff ensured that people received the food they liked and catered for people's special diets, such as diabetic (sugar free) foods. Many people told us they enjoyed the food, one person told us "The food is very good. I'll eat everything because it is so good."

People had been assessed for their risk of not eating and drinking enough by using a Malnutrition Universal Screening Tool (MUST). Staff referred people to their GP and dietitian when they had been assessed as being at risk. Staff followed guidance from health professionals to ensure that people were able to have adequate food and drink safely, for example where people had difficulty in swallowing, staff followed the health professionals advice to provide soft food. The home had been rated as 'Very Good' in their food hygiene inspection in January 2017. We observed that people were provided with food that was suitable for their needs, for example fortified foods.

People's healthcare needs were met. Where people's health needs had increased the staff liaised directly with health professionals to ensure that they had clear plans of care. The staff were competent at closely monitoring people's clinical observations and blood sugar levels. We saw a recent example where staff had detected signs of an infection and referred the person promptly to their GP for treatment, which had been commenced immediately. The person recovered from this short illness, and continued to live at the home in accordance with their wishes.

Staff referred people to health professionals for assessment of their mental and physical health where necessary. People were assisted to attend health and dental appointments by the organisation of transport and chaperones to the clinics and hospitals. People could request that staff provided translation for them in medical appointments if they chose, or if their family was not available.

People and their representatives were involved in decisions about the way that care was delivered and staff understood the importance of obtaining people's consent when supporting them with their daily living needs. We observed staff communicating effectively with people using a variety of means to help them understand what people needed; for example where people could not communicate verbally, staff looked out for physical signs of agreement or disagreement with the care that was offered.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. There was recorded evidence of how decisions had been reached through best interest meetings. Care staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions for themselves. The registered manager and care staff were aware of, and understood their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS) and applied that knowledge appropriately.

## Is the service caring?

### Our findings

People were very happy living at Laxton Hall. One person told us "I like everything about living here." A relative told us "The service upholds Polish traditions and culture which is so important for my relative."

Many people described their experiences in life which had left them feeling that they needed to 'come home' to their 'mother land'. Laxton Hall provided a Polish community and lifestyle that incorporated people's need to feel at home. People told us "I like that it is a Polish home, that is very important to me because it means I am amongst my people." One relative told us they were very happy with the care they said "My mother is treated very well. There are so many things that are important for her and the service delivers on all of them. She has a strong memory of the more distant past which is important to her and the staff talk with her about that. The Polish culture here is so important to her. She has her spiritual needs met too and that is also really important to her."

People were cared for by care staff who were also Polish Sisters of Mary Immaculate, an order that was recognised for their humanity, compassion. The Sisters were sent from the Mother House in Poland, they were experienced in care for the elderly, particularly those who have been affected by events of World War II. This enabled the Sisters to communicate effectively with people. One person told us "The carers spend lots of time in conversation with me. We talk about what is happening in the world and about my family and my life's experiences." The registered manager described how dignity in care was promoted through the Sisters' vocation.

People attended religious services when they wanted to. One person told us "I'll tell you honestly, the most important thing for me is that I can live my faith. There is a church here and I go to Mass. It's a bedrock for me." We observed that religious faith was a part of life as the chapel was an integral part of the building accessible to all, there were Sunday mass, weekly Benediction and celebrations of Holy Days. The priest was also an integral part of the community; he lived on site and had his meals with people who lived at the home. Not all people chose to attend all the services, but some enjoyed the sense of occasion. One person told us "Every Sunday we go to church, I wear something smart." Another person told us "It is so important to me that I can go to Mass here."

We observed that there was a strong sense of community; people were friendly with each other, engaging in conversations and activities. One person told us "Everyone here, the residents and the carers and Sisters are like a friend to me. It is a close community." Every member of staff spoke Polish as a first language and had an inherent understanding of Polish culture. One person told us "I feel at home here. I feel respected and loved." A relative told us "The staff are very respectful, especially the Sisters. All staff interactions are so heart-warming."

People experienced caring relationships with staff. Care staff told us that conversations were very important between people and staff because it created a bond. One member of staff told us "I very much enjoy working here, listening and talking to people about their lives. It's important to them to have someone to spend time having conversations with them". We observed people responding positively to staff who used

people's 'familiar' names, which conveyed care and affection. People told us how content they were, one person told us "I am so very well looked after." We observed staff speaking with people in warm and affectionate terms at all times; when they mobilised staff always walked at the person's pace and beside them, arm in arm or hand in hand. One person said "The helpers often ask me if I'm well."

People described how living at Laxton Hall had brought them comfort and a sense of home. One person told us "I very much like living here." Activities were based around traditional rural Polish pastimes such as gathering items from the garden making attractive arrangements. One relative told us "It's a wonderful place, [my relative] has thrived in this environment, it has transformed her later years."

We observed many instances of togetherness; one care worker was showing compassion by stroking a person's hair, another was turning the pages of a book that a person [who had dementia] was looking at. We saw a Sister singing traditional patriotic Polish songs as people passed time before lunch; people joined in including people who had been inactive earlier. We saw a Sister praise people for the quality of their colouring, patterns and drawings; people's art work (oil paintings) were displayed throughout the home. It was clear from these observations that people's talents and gifts were celebrated and that this aided a sense of community and homeliness for people living at Laxton Hall. One person told us "I have plenty to do [activities]. I enjoy them all."

Some people chose to spend time in their rooms; One person told us "I have a lot of freedom, it's important to me." Another person told us "I spend my time the way I want to. When I want to go to a room that is quieter than here [main lounge] the carers take me there." People's rooms reflected their different personalities; One person told us "I like my room very much. I'm able to have it decorated the way I like and I have lots of photographs and pictures."

People told us their visitors were always made to feel welcome. There was a sign that said 'visiting hours are not limited'. We observed that people had visitors who were welcomed and could meet with their relatives in private or join in with others. There was a room where relatives could stay overnight because the home recognised that visitors often had to travel a long way to see their relatives and they wanted to aid contact and support people to maintain the relationships that were important to them.

People chose whether they stayed at the home when their health deteriorated. The experienced staff facilitated people's wishes and provided end of life care that met their individual needs with kindness, compassion and understanding. We observed one person receiving care from staff that were considerate to their needs and kept them comfortable. Staff liaised with people's GP and district nurses to get additional assistance to prevent potential symptoms such as pain. The priest provided the 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 after they had died.

## Is the service responsive?

### Our findings

Everyone we met told us what an incredible home Laxton Hall was. One visiting health professional told us "It is the best home I have ever seen, there are plenty of staff, people look well cared for, well-nourished and hydrated and the home is always warm." Relatives also spoke highly about the care people received; One relative told us "My [relative] is really happy here. I put that down to the standard of care she gets."

People were engaged in meaningful activities. One person told us "There are lots of activities to stimulate people's memories." People interacted freely with each other and staff as they were supported to sew and make crafts in a traditional Polish style. We saw framed paintings by people who used the service on display and people producing intricate art-work. This showed people were supported to maintain their creative talents. We observed people and staff talking about fruits they liked and what the differences were between the fruits and where they could be picked.

Most people had undergone traumatic experiences in their early life during World War II. Those experiences were understood by all staff we spoke with. The home's purpose was to support people who had the same shared experiences and we saw that the Sisters helped people to explore their life paths, successes and difficulties through reminiscence and conversation during activities. People spoke with us about their experiences and told us how important it was to talk about them. Staff told us that knowing people's histories helped them to initiate conversations with them. One new member of care staff told us "I have conversations with people about their life experiences. Some of these were traumatic, but people like to talk about them. Those conversations are as fulfilling for me as they are for those people."

The Sisters of Mary Immaculate order followed the research for the best treatment for victims of atrocities from the Department of Health. They did this by creating a community where people who had experienced similar situations could be together, talking to each other where little explanation is needed for an immediate understanding and deep cultural bond; the research had shown that this was both therapeutic and healing.

Staff received guidance from the Sisters who were ideal role models for the type of care people needed. All staff understood the importance of conversations and exploring people's life experiences. Daily life at Laxton Hall allowed for free conversation between people to help them to bond and feel a sense of community; which was cited by people we spoke with as being 'most important.' Where people were not able to communicate effectively due to dementia, staff communication was key to people's well-being; we saw that one person living with dementia believed that it was still war time and was afraid of people they did not know in the home; staff were very quick to allay their fears and communicated effectively with them to allay their anxieties.

There was an extensive library of Polish books, Polish television channels, magazines and newspapers. One person told us "I love reading; there is a great variety of books." One care worker read from a novel to four people, they were clearly engaged and listening intently. We observed people reading and others watching Polish television. One person told us that staff brought them the Melton Times newspaper so they could

keep in touch with what was happening where they used to live.

People were encouraged to continue their professional interests and share their knowledge with others through discussion with each other. Some people chose to keep journals and wrote about their past experiences; a computer with internet access was available. People were encouraged to watch great events together on television, such as Papal visits to Poland, to celebrate the joy of being Polish.

The building was big and airy and was ideal for walking around, we observed people walking around the building, one person told us they were "getting some exercise". The care staff told us that it was important that people maintained their mobility and encouraged people to walk around. Staff showed they understood how to keep people safe when they mobilised. People in wheelchairs were helped to move around by ensuring the foot pads were always used, seat belts fastened and brakes applied when journey completed. There were extensive and beautiful grounds that could be seen from the lounge. People were seated so they could see the view. One person looked at the view and told us "Come autumn, I really like it here." One relative told us "In the summer staff often take [my relative] for a walk in the grounds. She really enjoys that." We saw lots of photographs of past activities such as social events and celebrations which involved the wider Polish community.

People who wished to live at Laxton Hall were given a two week trial to establish whether the home met all of their physical, social and spiritual needs. People who wished to live at the home and their families were involved in getting to know the home and staff getting to know them. The registered manager established people's requirements and expectations by assessing their needs from which person centred care plans were produced and updated as staff got to know people's needs.

People were involved in planning their care, they advised care staff how they wanted to receive their care. We saw that care was planned and delivered in line with their individual preferences, choices and needs. People told us the staff understood their needs, one person told us "I'm looked after very well. In the mornings the helpers wake me at times I want them to." Another person told us that staff encouraged them to be independent; they said "I'm helped to have a bath and to get dressed, but the carers let me do as much for myself as I can."

Some people were not able to speak for themselves and were cared for in their beds. We observed that their care plans were very detailed and provided clear instructions to staff on how to meet their needs in the way they preferred. For example one relative told us that the staff knew her relative (who could no longer talk) so well that they knew her likes and dislikes and how she liked her care, they said "They [staff] are so gentle, they are very patient when they feed her, they talk to her, and she smiles." We observed another person who received attentive care from staff that followed their care plan; staff had ensured the person had music they enjoyed playing in their room and had provided all of their physical care as planned, for example all of the observations and pressure area care had been carried out at the planned regular intervals.

Staff were vigilant in ensuring people living with dementia were safe. People had detailed personalised care plans that staff followed to manage people's behaviour. For example one person with dementia walked around the home, staff demonstrated they were aware of their whereabouts and were careful when using exits to ensure they were not going to leave the building without staff supervision.

People's cultural and spiritual needs were met by caring staff. The provider staffed the home with Polish Sisters of Mary Immaculate who were renowned for their humanity and compassion and had experience in caring for those who had been affected by events of World War II. They ensured that care staff were employed from personal recommendation from their priest to maintain a workforce who had compassion.

All staff had a deep understanding of Polish culture, traditions and language.

The provider, 'The Polish Catholic Mission Housing Association Limited' had strong ties with the wider Catholic and Polish community in England. People travelled from all over the country to visit Laxton Hall for specific religious festivals and celebrations. Local people and people's relatives joined people during Mass. People at Laxton Hall often received people from the local Polish communities who visited and entertained them with folk dancing, plays and concerts.

Staff told us that if anyone had any concerns, these were dealt with straight away. One person told us "I would raise any concerns with a helper, but I've never had occasion to have to do that." All the staff had good relationships with people who used the home, and relatives told us that staff were friendly and listened to them. One relative told us "I've never had any cause for concern." The Registered Manager had processes in place to manage any complaint, there was a complaints policy and procedure in place and we saw that the one complaint had been dealt with in a timely way.



## Is the service well-led?

### Our findings

The ethos of Laxton Hall was upheld by all the people living at the home, their relatives, the Sisters of Mary Immaculate and care staff. Every aspect of the home resonated with person centred and culturally specific care, which promoted all aspects of being Polish and created a positive environment. One person told us "Where else would I find a better place."

The provider had written a statement of purpose said stated that the service was to "To be person centred and culture specific through stimulating and promoting all aspects of being Polish; including the language and traditions both religious and cultural". One relative told us "The service upholds Polish traditions and culture which is so important for [my relative]."

The registered Manager was a trusted and respected leader who provided clear direction that ensured that people received high quality care that met their individual needs. They understood their responsibilities in providing a safe environment that took into account people's changing needs and involved people's families.

The registered manager held regular meetings with people who lived at Laxton Hall. In December 2016 the topic had been 'Laxton Hall, my place to live'. 22 people had attended the meeting and provided feedback about the positive nature of their relationships with staff, the well-kept environment and the activities they would like to do. The meetings were always well attended; people always brought up the quality of the interaction with staff, such as 'like individual conversation' and 'keen on telling life stories'.

The provider had maintained Laxton Hall, a 17th Century Grade II listed building, in a pristine state. The building had been adapted to be a home with generous proportions to the space people used, creating areas to walk, socialise and enjoy. The provider continued to maintain the building to a very high standard and kept up to date with all the fire and electrical regulations, to ensure people's comfort and safety. Many paintings and historical items were on display that conveyed Polish history, culture and traditions. The home was very clean, visitors described it as "spotless" and one relative told us "The home is very clean; it's a pleasure to visit."

Records relating to all aspects of care and management were fit for purpose and provided clear instruction to care staff; these were maintained in Polish and English. Records were securely stored to ensure confidentiality of information. Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.

People's entitlement to a quality service was monitored by the audits regularly undertaken by the registered manager and the provider. The manager used the audits to improve the service and feedback to staff at team meetings where improvements were required. People were able to rely upon timely repairs being made to the premises and scheduled servicing of equipment. Records were kept of maintenance issues and the action taken to rectify faults or effect repairs.

The provider had a detailed business continuity plan which detailed the actions they would take if the home had to be evacuated or there was a failure with one of the main services to the home.