

P.C.M Housing Association Limited

Laxton Hall

Inspection report

Laxton
Corby
Northamptonshire
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

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 and family members spoke highly of the staff who supported them. They spoke of staff understanding their individual needs and wishes and of being happy at the home. There was a strong sense of community. One person said, "I would recommend this home to other Polish people because they [staff] follow the Polish culture."

We observed staff and people at the home enjoying each other's company, we heard much conversation and laughter. A family member said, "Laxton Hall is a fantastic home. The staff seem to love the people here, it's seamless care and support, the staff do great activities to stimulate people, picnics, spiritual talks. They really embrace the Polish culture."

Systems and processes were in place to support people's safety. People's needs, including their safety in relation to care were assessed and monitored. Timely referrals were made to health care professionals where required to promote people's safety and well-being.

Protocols and procedures were in place to ensure medicines were safely managed and administered by staff that had received training and had their competency to administer medicines assessed.

People were supported by staff that had full recruitment checks. The staff were committed to providing timely care that was person-centred. People and their family members spoke of the staff's kind and caring approach. At the time of the inspection the provider was actively seeking to recruit more Polish speaking staff to increase the staffing levels.

Staff worked consistently within the providers policy and procedure for infection prevention and control and followed current government guidance related to COVID-19.

People's views, and that of family members were sought, which included involvement in decisions relating to people's care.

People, family members and staff spoke of the registered manager having an open-door policy. Staff were

enthusiastic about their role, and of their commitment to continually improve people's care. Quality monitoring was undertaken on all aspects of the service and kept under review by the registered manager to drive improvement.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 20 December 2019) and there was breaches of regulation. At this inspection we found enough improvement had been made and the provider was no longer in breach of the regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service in September 2019 and breaches of legal requirements were found under Regulation 12 Safe Care and Treatment and Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager completed an action plan after the last inspection to show what they would do and by when to improve. We undertook this focused inspection to check they had followed their action plan and to confirm they now met the legal requirements. This report only covers our findings in relation to the key questions, safe and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Laxton Hall on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors. One of the inspectors was Polish speaking.

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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received from the provider since the last inspection.

We sought feedback from the local authority and other professionals who work with the service. We contacted Healthwatch Northamptonshire. 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 this information to plan our inspection.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with four members of staff including care staff, and the registered manager. We reviewed a range of records. This included two people's care records and medicines records. We looked at two 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.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12, Safe Care and Treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from abuse. Staff received training on safeguarding and understood the safeguarding procedures. The registered manager had raised safeguarding concerns appropriately.
- People and family members told us they felt safe. A family member said, "I have no concerns at all about [relative's] safety."
- Investigations into accidents and incidents were used to review and update systems and processes to promote people's safety. For example, improvements had been made to the incident reporting procedures following an incident when a person had a fall. A staff member said, "We report and record all accidents."

Assessing risk, safety monitoring and management

- Potential risks to people's care and safety were assessed and kept under review to promote their safety. For example, people at high risk of falls had moving and handling assessments in place. Routine checks were completed on walking aids and other moving and handling equipment to ensure people were supported to move safely.
- People and family members were involved in decisions about their care. Staff meetings were held to discuss and review risks in key areas. Such as, risks of falls, poor nutritional intake and skin pressure damage.
- Where increased risks were identified the advice and guidance was sought from appropriate healthcare professionals, for example GP's, district nurses and speech and language therapists (SALT).
- One family member said, "The staff seem very well trained and informed. [Relative] has a very rare health condition, the staff are very aware of what it is like for my relative. They got the SALT involved when [Relative] started having swallowing difficulties."

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty and conditions related to the DoLS authorisations were being met.
- Mental capacity assessments were undertaken where it was believed people lacked capacity to make informed decisions regarding their safety. For example, the self-administration of medicines, best interests' decisions were made on their behalf. One family member said, "The staff understand and communicate with [Relative] in a simple way. They encourage their independence and give simple choices, they can understand."

Staffing and recruitment

- People's needs were kept under review to influence staffing levels within the home. All people and family members were extremely praising of the staff attentiveness, but also acknowledged how busy they were at times. One person said, "I like to talk but the carers are very busy, they are very kind but don't have time to talk to you. It is a very big place to clean and look after people at the same time."
- Staff said they felt well supported but at times, under great pressure to meet the needs of all people living at the home. One staff member said, "I love working here but we have a lot to do, cleaning, caring, washing up, disinfecting and laundry. Another said, "If I could improve anything it would just be staffing levels."
- Due to the dedication and commitment of the staff team, no people experienced excessive delays in their needs being met. One family member said, "[Relative] has a call bell, I have no concerns about delays in the staff's response. People are never having to wait a long time; the staff's patience is outstanding." The registered manager confirmed the provider was actively recruiting more Polish speaking staff to work at the home.
- Staff recruitment records contained all the required information, to evidence the staff's suitability to work with people, which included a Disclosure and Barring Service (DBS) check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely.
- People were supported with their medicines in a safe and timely way. People's records detailed the prescribed medicine, which included clear guidance as to the use of medicines prescribed to be given 'when required'.
- Staff had received training in the administration of medication and had their competency to safely administer medicines assessed. This ensured staff consistently followed the medication policy and procedures.
- People's medicines were regularly reviewed by a health care professional.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have regular contact through visits with family members and friends.
- All visitors were required to follow the current government guidance for visiting in care homes, which included undertaking a lateral flow device (LFD) test before visits and wearing PPE. One person said, "My son visits me every other week." A family member said they visited weekly.
- Records showed that the appropriate COVID checks were completed for all visitors to the home.
- Government guidance and advice from local health protection teams was adopted during COVID outbreaks, with regards to closing the home to visitors. Family members continued to visit during an outbreak where their relative was receiving end of life care and where family members had essential caregiver status.

Learning lessons when things go wrong

- The registered manager had taken prompt action following the last inspection to have radiators and pipes fitted with protective covers.
- The registered manager had taken prompt action following the last inspection to have window restrictors fitted and broken panes of glass replaced.
- The registered manager had taken prompt action following the last inspection to ensure staff had clear instructions and protocols in place for administering 'as required' medicines.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to have robust systems and processes in place to assess, monitor and improve the health and safety of the service. This was a breach of regulation 17 Good Governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 clearly demonstrated the providers vision and values in providing people with person centred care and support. The aim of the service was to support people to achieve positive outcomes and live the lifestyle they wished. One person said, "I would recommend this home to other Polish people because they [staff] follow the Polish culture."
- We observed staff supporting a small group of people taking part in a gentle exercise activity. All the people participating engaged well with each other and staff who supported them in a kind, compassionate way. Another small group of people helped prepare the dining tables for lunch, folding napkins, discussing current affairs with each other and a staff member.
- People were positive about the care and support they received. One person said, "I would definitely recommend the home to anyone who needs care."
- The registered manager understood their responsibility under the duty of candour. In response to an incident they demonstrated they had followed the procedure, provided truthful information and a timely apology.

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

- The registered manager demonstrated they understood their registration responsibilities. Staff were aware of the provider's policies and procedures and understood their role, responsibilities, and accountability.
- The registered manager had improved the systems and processes to assess and monitor the quality and safety of the service. This included the introduction of electronic records to closely monitor all aspects of the service.
- The registered manager shared information with CQC and other agencies of notifiable events at the

service. The rating from the last inspection was on display on the provider website and within the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- All information was provided in Polish and English. The registered manager sent out regular Newsletters informing people and family members about up and coming events and activities within the home. They also included information on COVID-19 updates.
- People attended regular meetings during which their views were sought and recorded. We saw action was taken in response to people's comments. For example, changes made to the menus and re-introduction of outside entertainment services to provide activities for people living at the home. Comments from people included. "We had no issues so far if we had we would go the main nun." And, "We have meetings, and we talk to staff all the time."
- A family member said, "This home is a fantastic place, when my [Relative] was hospitalised the staff from the home stayed with them, even the doctors commented on how caring the staff were. The staff seem to love the people here, it's seamless care and support, they do great activities to stimulate people, picnics, spiritual talks. They really embrace the polish culture." The home regularly opened their doors to the Polish community for cultural events and encouraged shared worship.

Continuous learning and improving care

- The registered manager was open, transparent and committed to continually improving the service.
- The provider's governance audit systems and processes supported the service to develop and learn. The registered manager was in the process moving all paper-based records onto an electronic records system to enhance the oversight and development of the service.

Working in partnership with others

- The service had good relationships with the local GP surgery, the district nursing and social and healthcare teams. Where healthcare professionals had provided advice and support, this was documented in people's care plans and staff followed the advice.
- Feedback from the local authority informed us positive improvements to the overall quality of the service had taken place since the last inspection.