

STATEMENT OF PURPOSE

LAXTON HALL

April 2021



The Registered Provider:
P.C.M Housing Association Ltd,
2 Devonia Road,
Islington,
London
N1 8JJ

**THE HOME OPERATES WITHIN A COVID 19 SECURE INFECTION
PROTECTION CONTROL RISK MANAGEMENT PLAN UPDATED
REGULARLY IN COMPLIANCE WITH GOVERNMENT GUIDANCE**

The Aims and Objectives of Laxton Hall

Laxton Hall Residential Care Home is for older Polish people of retirement age, managed in compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Services Provided at Laxton Hall

Laxton Hall is registered with the Care Quality Commission to provide care and support to 29 residents and is registered for the provision personal and dementia specific related care. Our most recent inspection dated 15 January 2021. The inspection report is available at our website www.laxtonhall.co.uk, www.cqc.org.uk or a copy is available in the home.

The Registered Provider for the Laxton Hall Residential Care Home is:

P.C.M Housing Association Ltd
2 Devonian Road
Islington
London
N1 8JJ

Tel: 020 7359 8863

The Legal Status of the service provider at Laxton Hall:

The P.C.M Housing Association Ltd is an exempt charity registered with the Financial Conduct Authority (number 17061R) on the Mutual Register. The charity is governed by a Committee.

The Responsible Individual registered with the Care Quality Commission is the Registered Manager, Sister Teresa Sabok.

The Registered Manager of Laxton Hall is:

Sister Teresa Sabok
Laxton Hall Residential Home
Laxton
Corby
Northants.
NN17 3AU

Tel: 01780 444292

Sister Teresa Sabok has been a state registered nurse for 45 years and holds the NVQ 4 and the Registered Managers Qualification.

Location where registered activity occurs:

The Polish Catholic Mission Housing Association Ltd carries out its regulated activities in:
Laxton Hall Residential Home
Laxton
Corby
Northants.
NN17 3AU

Fees for Laxton Hall:

Current weekly fees at the home commence from £727.83 per week subject to agreement following a full assessment on needs. Fees are reviewed annually, prior to January each year.

Staff Training:

All the staff working at Laxton Hall receive training in:

- Care Certificate
- Safeguarding of Vulnerable Adults
- Manual Handling
- Basic Food Hygiene
- Health and Safety
- First Aid
- Medication
- Fire Safety
- Person Centred Planning for Older Persons
- Caring for and Supporting Older Persons with Dementia
- Enhanced Communication Skills for Older Persons with Dementia
- Behaviours that Challenge and Dementia
- Developing Activities for Older Persons, Keeping Active and Occupied
- Infection Control
- Diabetes Awareness
- Continence Management
- Nutrition Management
- Mental Capacity Act
- English Language
- Parkinson's disease
- Stroke support

The Registered Manager is a trained registered nurse (nursing care is **not** delivered at Laxton Hall). A further 12 staff are qualified with NVQ 2 in care and 2 staff have NVQ 2 in catering and hospitality. The manager has an NVQ 4 and is a state registered nurse. We have a training plan in place to maintain a competent and trained workforce able to meet the needs of residents. All new staff complete the Care Certificate.

All training is delivered on a rolling basis, through the staff induction process and refresher training. Further specific training is delivered as required by the changing needs of residents. Training is delivered by accredited, qualified external trainers and the Registered Manager.

Laxton Hall Residential Care Home is for older Polish people of retirement age, managed in compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Laxton Hall is registered to provide care and support to 29 residents and is registered for the provision of dementia specific related care.

Laxton Hall, a 17th Century Grade II-listed building, is 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 has beautiful gardens. P.C.M Housing Association Ltd, an exempt charity, owns the Home. It is staffed by the Polish Sisters of Mary Immaculate, an order long recognised for their humanity,

compassion and specialised care for Polish community groups, the vulnerable and dispossessed. The Polish-speaking Sisters are sent from the Mother House in Poland, and are already experienced in care for the elderly, particularly those who have been affected by events of World War II.

Historically the Residents were mainly Polish ex-servicemen and women and their spouses, who fought alongside the British Allies during the Second World War under British command and who have been resident in this country since 1945. They were unable to return to their native Poland, which was occupied by Russia during the cold war years. This specific group of displaced persons share the common experience of atrocities associated with war, with the added pain of being displaced from their homeland. These experiences are acknowledged and well understood by the Sisters, who are dedicated to the person-centred care of the Residents. In recent years the background of residents has changed, however all residents have strong ties to the emigration from Poland following World War Two.

As the post-war Polish community resident in Great Britain developed an idiosyncratic identity of its own, the people found they spoke pre-war Polish and many lived within Polish communities that had their own churches, shops and social networks. They were hard working and religious, integrating into English society yet still remembering a Poland that in reality had changed beyond recognition.

Research carried out on war victims suggests that the best treatment and support is for victims of atrocities to be with those who have experienced similar situations and horrors (Gulf War 1991, Department of Health). For such people, being together, talking to each other where little explanation is needed for an immediate understanding and deep cultural bond, is both therapeutic and healing. Such communication is facilitated and encouraged by the warm, safe, homely and loving atmosphere of Laxton Hall, created by the inspirational Sisters of Mary Immaculate. Their understanding of the importance of the Residents' personal life history is what makes this Residential Care Home unique. The Sisters' continuing aim is to provide a well-maintained, comfortable living accommodation. Residents receive the highest quality of care, well above that which is specified Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The 24-hour a day care provided is supportive yet allows for independence in a relaxed, peaceful and serene atmosphere. Residents are encouraged to explore their life paths, successes and difficulties through person centred planning techniques utilised in the home.

All Residents have their own rooms and there are facilities for married couples. There are 29 rooms of mixed sizes. Depending on which part of the house the room is located, when a room is vacated, it is offered to the next incoming resident. Choice is offered whenever available. All comforts are provided. Each room has a sink with hot and cold taps and is within 10 feet of an accessible toilet. There are also several communal rooms that residents can take advantage of, the library to read and reflect in, a drawing room with a grand piano, and the TV room.

The ethos of Laxton Hall is 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. Poland has a very rich regional and national folklore tradition and this is entwined into life at Laxton Hall. The Polish cuisine provides the kind of food to which the Residents are accustomed. Individual requests for specific food are met. British TV and TV Polonia is installed for Residents to receive in their own rooms. Polish and

British newspapers are available for everyone to read. An extensive Polish library is furnished in keeping with the history of the house and is open at all times for Residents to use.

Laxton Hall has three vehicles and all transport needs of the Residents, to hospital, clinic appointments and other trips are included in the weekly fee. There is also a 12-seater minibus purchased in 2017, which complies with the Royal Society for Prevention of Accidents (ROSPA), Minibus Safety Code of Practice, August 2015.

All Residents have a warm and open invitation to take part in all the religious services held at Laxton Hall. There are many regular religious services held at Laxton Hall, but it is understood that the Home's religious observances is by individual resident's choice. There are two chapels at the Hall, one outdoors and one indoors. The indoor chapel is part of Laxton Hall and is situated adjacent to the library near the entrance reception rooms. Residents have the comfort of easy access without having to go outdoors during inclement weather. The second chapel is accessed through the grounds and is used largely for funerals, having discreet access to Laxton Hall's own cemetery. The cemetery is situated to the North of the estate, in its own woodland setting and is beautifully maintained by the Sisters.

Mass is said daily at 7am by the resident priest, who is available at all times to administer to Residents' spiritual and religious needs. Sunday mass and special celebrations during Lent, Easter, Christmas and other Holy days are celebrated at 12 noon unless otherwise stated. Residents are always informed verbally and in writing about all the religious services available. Special arrangements will be made for Residents wanting to attend any religious services outside Laxton Hall.

The objective at Laxton Hall for it to be a "Home from home" setting is well met by the above facilities. Conversations take place on a daily basis with Residents, whose views are sought and highly valued. Their ideas are included in any changes and amendments to the care setting. Respect for the privacy and dignity of all Residents is paramount at all times and is demonstrated within Laxton Hall's Philosophy of Care, Residents' Rights and the Residents' Charter.

Over and above the spiritual and caring skills the Sisters demonstrate in their daily interactions with the residents, is their undoubted ability to empathise and allow the emotional disturbance of long-term trauma (characterised by memories of pain, terror, hunger, weariness, exclusion from humanity, a sense of exile and the longing for a home) to be felt within a safe setting. To a mind exhausted with carrying such a burden, this is both calming and healing to the hungers of the heart. Being a person-centred service is key to achieving the desired outcomes of Laxton Hall, to this end, person centred plans are regularly reviewed and revisited with all residents to celebrate their lives and ensure that despite the sometimes disempowering nature of ageing, the true identity of each individual is clearly documented, maintained and regularly revisited.

SOCIAL ACTIVITIES, HOBBIES AND LEISURE INTERESTS

Quality of Life

Residents' quality of life is the main concern of the Sisters of Laxton Hall. Their philosophy is to look after the residents in a caring and sympathetic way, so that their privacy and dignity are respected, and to encourage active independence wherever possible taking into the account the challenges presented by people with Dementia and the requirements of the Mental Capacity Act 2005 (implemented 2009). Choice and control is afforded to all residents at all times.

Residents can come and go as they wish, to the extent that they are able, for example, to go shopping, or on visits, or stay with friends and relatives. They are actively encouraged to keep up old and new hobbies and interests.

The sisters do their utmost to stimulate and promote all aspects of the Polish language. There is a library in keeping with the 17th Century style of the house with around 5,000 Polish books, including the great Polish writers and most of the Polish classics. The library has a TV and residents are encouraged to watch great events together, e.g. Papal visits to Poland, to celebrate the joy of being Polish. A computer with internet connection is available. Mass is celebrated daily.

General Activities

Hobbies for Residents at the home include reading to themselves and to each other, needlework, painting, craftwork, journal keeping, writing (especially autobiographies) singing and open discussions, gardening, long walks in the grounds and reminiscent groups. Visits from family members are often shared with other Residents, as is having afternoon tea and cakes in each other's rooms, looking for peacock feathers in the grounds (much prized trophies!) and visiting old friends in the cemetery. Telephoning family and friends, sharing cigarettes, writing and receiving letters, and playing crosswords, card games, draughts and chess are also popular, as is keeping up old professional interests.

A comprehensive activity plan exists which is updated every year and consists monthly outings and a variety of events occurring at the home. Transport and refreshments is provided for residents on excursions as part of their weekly fee, although some entrance fees may need to be paid for by residents. Residents will be informed of any charges prior to choosing to participate in any excursion.

Polish newspapers are provided by Laxton Hall, however, other newspapers need to be purchased by residents as they choose. Hairdressers, chiropodists, clothes and cosmetic shops visit the home regularly and residents can purchase services or items if they wish to.

Dementia Care and Activities

Specific attention is given to using person centred plans in a practical stimulating way to assist with caring for residents who have been diagnosed with dementia. Laxton Hall recognises that supporting all residents to take part in activities will help the residents maintain their skills, remain alert and be interested in their surroundings. The home also recognises the importance of enabling residents to complete small tasks to offer a sense of achievement; express feelings and most of all have some fun.

All residents are able to participate in activities as they wish and no distinction is made between residents with a diagnosis dementia or without his diagnosis. The activities that are supported at Laxton Hall are a combination of shared group activities and one to one time between residents, the sisters, volunteers and family members. Current activities include:

- Reminiscence sessions – discussing the old days, looking at picture, slide shows, listening to music, feeling, touching and discussing every day objects used in the past (sensitivity is always shown to ensure that difficult emotions from the war are not unnecessarily discussed).
- Visits from local people or social groups.
- Regular family events, religious and Polish specific celebrations.
- Knitting circles, puzzle sessions, card games, board games etc.
- Men’s groups and women’s groups – discussing topics of current concern.
- Other individual activities are identified through person centred plans and provided as required, this is specifically important for residents diagnosed with dementia.

Laxton Hall has a Dementia Strategy in place that is being implemented and is reviewed on an ongoing basis.

Meals

Communal meals are served in the formal dining room. Breakfast is at 08.30, lunch at 13.30 and supper at 18.00. The meals are served in the manner and style redolent of a pre-war Polish high-class restaurant. The food is Polish home cooking, refined to suit the needs of the individual. It is beautifully presented in soup tureens and silver platters and gracefully served by experienced dining room staff. The meals are a pleasurable experience; great attention is paid to residents with special dietary needs and those who require assisted feeding. The pace is slow and leisurely. Discreet monitoring of food intake ensures that appropriate nutrition is maintained.

Particular attention is given to the health and nutritional needs of residents diagnosed with dementia. Individual needs are assessed and reflected on the care plan for action. Such actions could include preparing food in a different way, assisting with feeding, providing meals away from the dining area or providing a specialist diet.

Physical fitness and well being

Keep fit classes are held on a weekly basis. In addition, all residents are encouraged to go on daily walks and keep as active as possible. The hairdresser comes twice monthly for both males and females. Shopping trips are undertaken on a daily basis. Residents are frequently invited to accompany the Sisters on such trips if they so wish. The local Polish communities frequently visit with folk dancing, plays and concerts. Polish and English newspapers are delivered daily.

Friendships

Residents tend to develop new friendships and renew old ones. Socialising between the residents occurs and the similar histories and wartime experiences generate deep bonds and friendships and create moments of great joy and sadness.

Regular reviews of person centred plans ensure that residents past friendships and new friendships are recognised and celebrated regularly on an individual basis. This approach to reminiscing over old friends is especially important for residents diagnosed with dementia.

Daily Living

The routines of daily living and activities are timetabled and structured. Flexibility is always possible, depending on Residents' wishes, preferences and capacity. Residents have the opportunity to exercise their choice in relation to leisure and social activities and cultural interests, food, meals and mealtimes, routines of daily living, personal and social relationships, and religious observance.

Residents' interests are recorded and they are given opportunities for stimulation through leisure and recreational activities in and outside the Home to suit their needs, preferences and capacities. Particular consideration is given to people with cognitive impairments, those with dementia, visual, hearing or dual sensory impairments and other physical disabilities.

Residents receive visitors at any reasonable time. Links with the local Polish and English community are made through Polish and English mass on Sundays. Residents are allowed to receive visitors in private and can choose whom they see and do not see. The Sisters of Laxton Hall do not impose restrictions on visitors except when requested to do so by residents, whose wishes are duly noted and adhered to.

Relatives, friends and representatives of Residents are given written information about the Home's policy on maintaining their involvement with the service user at the time of moving into the home. Involvement in the home by local community groups and/or volunteers accords with the Residents' preferences. Laxton Hall is an open community with Sisters on duty on a 24-hour basis. Sisters talk to residents in both formal and informal settings. Every opinion and remark is taken into consideration. Complaints are heard and responded to immediately. All complaints, however trivial, are investigated and outcomes fed back to the complainant.

The care of residents to their life's end is approached with dignity. The priority given at the time of occurrence is demonstrated in our Care of the Dying and Bereavement Policy and Dealing with the Deceased and Bereavement Policy

ADMISSION CRITERIA

The criterion for admission is by referrals from the prospective Residents, their relatives, next of kin, GP, social services or any other appropriate persons. The person must be of Polish origin, over 65 years of age and previously resident in England, with Polish as their first language. Laxton Hall holds registration with the Care Quality Commission to provide care for 29 residents who require personal care and/or have been diagnosed with dementia. Prospective residents are initially invited for a four week trial stay, to sample the life and atmosphere of the Home and to assess the quality, facilities and suitability of the Home. Once a prospective resident or advocate contacts the Home, an information pack is sent.

Residents are admitted only on the basis of a full assessment, undertaken by trained professionals, and to which the prospective resident, his/her representatives (if any), the registered manager and relevant professionals have been party. All Residents moving into the Home will have had their needs assessed and be assured that these will be met.

During the initial trial period, monitoring will take place to ensure the resident is settling adequately and a full understanding of their care needs are established. The trial period is in

the interests of both parties and will lead to a formal review involving the resident, relatives, registered manager, advocate, social worker and other professionals as appropriate. This will establish the prospective resident's wishes in relation to whether they would like to remain living in the Home. At this time, if there is full agreement, a 'Service User Contract' stating the rights and responsibilities of both parties will be signed. A person will only be admitted to the Home, if all parties involved feel that the residents needs, can be met by the Home. Once admission is agreed, a six week review will occur following the date of full admission. Monthly reviews occur thereafter or sooner if required.

For individuals referred through care management arrangements, a copy of their Care Management Assessment (prepared by local authority social workers) and a Care Plan is obtained for need assessment purposes. For individuals who are self-funding and without Care Management Assessments or Care Plans, the individual undergoes a needs assessment with the registered manager, covering the following:

THE RANGE OF NEEDS MET AT LAXTON HALL

- Personal care and physical well-being
- Dementia care
- Diet and weight, including dietary preferences
- Sight, hearing and communication
- Oral health
- Foot care
- Mobility and dexterity
- History of falls
- Continence
- Medication usage
- Mental state and cognition
- Social interests, hobbies, religious and cultural needs
- Personal safety and risk
- Carer and family involvement and other social contacts/relationships.

HOW WE MEET THE NEEDS OF OUR RESIDENTS

Care Planning and Needs Assessment

Each user has a person-centred plan of care for daily and longer-term living. The Care Plan is generated from a comprehensive assessment drawn up with each resident and provides the basis for the care to be delivered. The resident is an active participant in all aspects of their Care Plan, which includes health, personal and social needs.

The Care Plan meets all the necessary clinical guidelines produced by the relevant professional bodies concerned with the care of older people and includes a risk assessment, with particular attention to prevention of falls. Each Care Plan is reviewed regularly by the Laxton Hall registered manager on a monthly basis, or more frequently if required. Updating reflects changing needs and current objectives for health and personal care, which are then put into action. The plan will be drawn up and recorded in a style accessible to the service user, then agreed and signed by the service user (if capable) and/or representative (if any). The aim is for the service user's health care needs to be fully met.

Dementia Specific Assessments of need

For residents referred to Laxton Hall with a diagnosis of dementia a number of other issues will be addressed through the initial assessment process, including:

- Establishing a baseline of the person’s life history, strengths and abilities, needs and preferences to be included in a person centred plan.
- Addressing issues of capacity to consent for care and other issues.
- Assessing the environmental needs of the individual prior to admission to Laxton Hall i.e. use of aids or adaptations, signs, lighting, quiet space etc.
- Assessing or identifying what ongoing medication & health review regime with specific trigger points for more frequent reviews noted and clear links to specialist team members.
- Assessing the person centred social, physical and mental health and being needs required by the individual to be addressed through activities or care plans.
- Specific attention will be given to the person Mental Capacity assessment. All decisions will be taken in the best interest of residents affording the maximum choice and control to residents at all times, when possible.

Person Centred Planning

In addition to the care plan, each resident has a person-centred plan that highlights a person’s individual sense of being, their life history and their future aspirations. The person-centred plans provide opportunities for residents to build on their strengths, celebrate their lives, follow individual life paths and fulfil their aspirations. The plans put each resident at the centre of the planning process and focus the support and care offered to each resident in a person-centred way to ensure each resident is living the life that they want at Laxton Hall.

The majority of the residents at the Home are Roman Catholic, and the Home has a resident priest who is available to residents. The Home has a chapel, and Mass is said daily. Observance of the numerous religious feasts and festivals are a constant feature of the Home.

For those residents of a different denomination, arrangements can be made with the local community. The key worker will assist residents in accessing other religious services.

The Polish Sisters of the Mary Immaculate are committed to individually and collectively acquiring and having the skills and experience to deliver the services and care that is required. Their aim is to provide for the personal care needs of each resident in their care and to monitor and manage each resident’s specific health requirements, in partnership with health care professionals where required.

Visiting Times

Laxton Hall welcomes relatives of all the residents, their guests and visitors.

We have guest rooms at the Home for which a charge for accommodation and any meals taken is made.

Although, the Home’s intention, as far as possible, is to operate an open door policy, anyone intending to visit a resident or the Home in general should contact the Home Manager in advance:

Sister Teresa Sabok – Registered Manager

Laxton Hall Polish Residential Home.

Tel: 01780 444292

Email: teresa@pcmew.org

Subject to any specific arrangement made with the Manager, visiting times should be undertaken between:

Monday to Friday

10.00 till 12.30 and 14.00 till 16.30

Subject to a prior arrangement, we welcome relatives and friends to share meals with the resident and to take part in the daily routines that the resident may have.

CONSULTATION WITH RESIDENTS

The Polish Catholic Mission Housing Association Limited together with the Sisters of the Mary Immaculate will consult with residents through:

- Regular resident Meetings.
- Regular Relative, Advocate and social/ key worker Meetings.
- The Care Planning and Review Process.
- Resident and Carer Satisfaction Surveys.

Resident Meetings:

The genuine involvement of residents in influencing the way services are delivered is critical to the way our service is seen at Laxton Hall. It is part of our philosophy of care. Talking to residents about the care and service they receive, is an essential part of the Managers and the care Staff's role. A formal setting to allow this process to take place is the residents meeting.

Residents meetings should be held at the Home every eight weeks. The Home Manager will administer the meeting and Trustees will be in attendance. Minutes of the meeting will be taken and made available to all residents, relatives, and advocates and available for scrutiny through appropriate internal or external audit and scrutiny.

The residents meeting will be a real opportunity for residents to be consulted on the service they are receiving and to influence the way the service is delivered. Ideally, a member of the residents group should chair the meeting with the agenda set by the residents. Where this is not possible, the Manager or Deputy Manager should facilitate meetings, with all residents given full opportunity to participate in the meetings.

Carer Meetings:

Carer meetings, (for close family, close friends), are a very important way of obtaining the views of carers on the service that is provided to residents. They are also an opportunity for carers to influence how the Home is run and to develop and promote ideas that will benefit the life of residents in the Home.

Any Carer meeting is done, where possible, with the full agreement of the resident.

Meetings should be held at least annually. As with the Residents meeting, a member of the care staff can administer the meetings and minutes of the meeting taken would be made available to the resident and their carer and available for scrutiny.

It is envisaged that a member of the Carer group would chair the meeting, with the terms of reference and the agenda set by the carer. A senior member of the Care Home Staff should facilitate meetings and be available to answer any questions the carers may have.

The Care Planning and review process:

All registered residents at Laxton Hall will have a Care Plan that is regular reviewed and up-dated. Our Care Planning process has the resident at its centre.

The Plan will comprehensively identify the needs of the resident and how the identified needs will be met. Consulting with the resident is an essential part of the Care Planning process, both when the Plan is first devised and agreed on and at the regular reviews that monitor its implementation.

A review of the care plan is essentially a review of the service provided and an opportunity for the resident to be consulted about the service they received. A review should be held within 8 weeks of the resident moving into Laxton Hall and then as a minimum, at 12-week intervals. The review should include the resident, their carer, (if the resident agrees), or an advocate. The social worker, GP, and community nurse should be invited. A minute of review meetings will be kept with the Care Plan on the resident's file.

Resident and Carer Satisfaction Survey:

As part of the process of monitoring the service we provide, it is essential that every resident be consulted and their views sought on the service they receive.

In accordance with quality assurance monitoring and the requirement of the Care Quality Commission, a specific Laxton Hall survey will be carried out annually, as a method of obtaining feedback on the service we provide. The results will be discussed at resident and carer meetings.

Reports to the Polish Catholic Mission Housing Association Limited Board of Management:

The Board will receive an annual report outlining the effectiveness of the Consultation Policy, giving details of the number of residents and carer meetings taking place, with an overview of the issues discussed and the results of surveys that have taken place.

Developing Contact between Service Users and their Relatives

It is the policy of the Home for residents to maintain and develop contact with family, friends and the local community, as they wish and in accordance with their preferences. Although encouraged for all residents, this is particularly important for residents diagnosed with dementia.

Residents are encouraged to see their relatives and friends in private if they so wish. Their rooms can be used for this purpose or, by prior arrangement, one of the excellent drawing rooms or library in Laxton Hall.

The Sisters wish to encourage residents to feel at home in the Laxton Hall environment, and that visiting family and friends are at all times comfortable with the care arrangements in place. The manager and or the deputy will always, as far as possible, be available to discuss issues and concerns that may arise.

Relatives and friends are encouraged to play an active part in the Service users needs to feel supported and comfortable within the environment and atmosphere that exists in the Home.

FIRE PRECAUTIONS AND ASSOCIATED EMERGENCIES

Although Fire precautions and associated emergency procedures in Laxton Hall are written on notices on the back of Residents' doors and at all designated fire points the manager or Deputy Manager will inform each resident and member of staff of the appropriate fire precaution and procedures to be taken in the event of a fire. This will occur at regular intervals to ensure familiarity with fire procedures.

The home manages, implements and maintains appropriate fire precautions. Laxton Hall is compliant with the requirements of the Local Fire Authority and the Care Quality Commission. Each resident has an individual fire evacuation plan recorded in the care plan and located in each residents room.

Fire precaution legislation also required that the Home have the means of detection and giving warning in case of fire, the provisions of means of escape and the means of fighting fire. Furthermore, employee fire safety training is completed on an annual basis.

Regular checks, fire drills and maintenance of all fire equipment is undertaken. An external contractor carries out quarterly and annual checks and tests.

The Homes Fire Procedure is as follows (specific procedures are available on site):

On discovering a fire, staff must:

1. Sound the fire alarm.
2. Ring the fire brigade.
3. Locate the area of the fire from the main indicator panel situated in the main hall entrance.
4. Use an appropriate fire extinguisher to tackle the fire if safe to do so and accessible.

5. Close all doors as you leave the area.
6. Evacuate Residents away from the area of fire to a place of refuge.
7. Check that all Residents are accounted for from the fireboard.
8. All visitors to abide by the above.

Designated fire evacuation points are:

1. Outside reception in the car park by the main entrance.
2. The sitting room - to the right hand side of main entrance.

All fire exits are marked on the doors.

RESIDENTS' RIGHTS

1. Residents have a right to personal independence, to come and go as they wish to the extent that they are able, for example to go on visits or stay with friends and relatives.
2. Residents have a right to care for themselves as far as they are able and willing.
3. Residents have a right to personal choice, for example, when to get up, whether to bath/shower daily, choice of menu, whether to eat in their room or the dining room, whether to pursue a hobby, join in activities, or abstain.
4. Residents have a right to have their dignity respected by others in every way possible and to be treated as individuals in their own right, whatever their abilities or disabilities.
5. Residents have a right to be consulted about daily living arrangements in Residents' meetings.
6. Residents have a right to privacy, for themselves, their belongings and their affairs.
7. Residents have a right to have their cultural, religious, sexual, emotional and other needs accepted and respected.
8. Residents have a right to facilities and services in the surrounding community as private citizens, including registration with the GP and dentist of their choice, hairdresser and chiropodist.
9. Residents have a right to mix with other people in the community, whether by going out or by inviting visitors for light refreshments etc. if they wish.
10. Residents have a right to complain to the owners if they have a grievance.
11. Residents have a right to regular reviews to assess whether all their needs are being met. Both the Resident's points of view and their care requirements will be discussed at these meetings.
12. Residents have a right to full access to their records and Care Plan.

13. Residents have a right to some risk being accepted as a normal aspect of the life of the home. For example, making their own drinks, preparing food, taking a bath / shower, and having the use of the laundry etc. if they so wish.
14. Residents will be afforded choice and control over their lives and staff will ensure that all decision making mechanisms of the Mental Capacity Act are implemented at all times in all interactions with residents.

RESIDENTS' CHARTER

Quality of Life:

A Home is expected to be a happy place where the Residents will be encouraged to have as high a quality of life as possible, and where the Home management staff should assist in the achievement of this aim.

This means that the Residents are encouraged to make decisions regarding themselves, and assistance, if necessary, should be given to carry out the decision. This may entail the acceptance by the Resident that there may be a degree of risk, which would be minimised by the setting and care staff. Positive risk taking is a key feature of the way staff support residents in the home.

Residents, who wish to do so, should be encouraged to continue with their interests outside the Home. This will be encouraged and facilitated by the Laxton Hall staff.

Independence:

A Resident may prefer to be independent in certain self-care situations in order to retain self-respect and dignity, and this will be encouraged at all times.

Privacy:

Residents are entitled to privacy, and untoward invasion of their privacy can be considered an intrusion. The privacy concerned will depend on the situation. It might be dressing or undressing, washing or bathing, or it might be a private conversation with a visitor or doctor.

Dignity:

A Residential Home should uphold the dignity of a Resident even though assistance and support may be needed in many ways. Management and staff are trained so that each person is supported as an individual with their own thoughts and beliefs, which should be respected. Person centred approaches are implemented at all times in everything we do.

Privacy in Medical Care:

Treatment from a doctor or nurse will be given in private. All Residents are able to talk to their own doctor in private. This will be encouraged and facilitated by the Laxton Hall staff.

Community Facilities:

Residents are entitled to utilise all the community facilities available to people within the locality. These services include doctors, chiropodists, dentists and community nurses. These practitioners are invited to visit Residents within the privacy of the Home.

Other services i.e. the optician will be arranged on an individual basis by the Home.

Discussion of Care and Needs:

A Resident has a right to discuss their Care Plan in private with the Sister in charge and to request any changes to it.

Staff:

Staffing is sufficient to meet the needs and dependency of the Residents, and of a quality to cope with the wide variety of demands placed upon them.

Visitors:

Visitors are welcome at all reasonable times.

Legal Advice:

If Residents require legal advice, we will support them to access this. Where a service user lacks capacity, the Home would be able to facilitate access to advocacy. Such meetings will be private and not involve the Home.

Accommodation:

Each Resident will have his or her own room. These will be well equipped, warm and comfortable. Services in each room should include en-suite facilities, central heating, and sufficient lighting.

Human, Emotional and Social Needs:

Appropriate emotional support and empathy will be provided particularly when Residents feel low. Where there is a perceived need for more psychological support, this would be sought from external professionals with relevant qualifications.

The qualities needed to provide such understanding emanate from the individually selected staff of the home, and from the training and example given by the Sister in charge. Managers and staff possess these skills as part of their professionalism.

Religion:

Residents have the freedom to decide whether to follow a particular religion. Those wishing to attend church should be encouraged to do so. The management and staff help those Residents who prefer clergy to visit to make the necessary arrangements.

Form of Address:

Residents choose how they wish to be addressed. Although first names are often used between Residents and staff, this should not be automatic even though this practice may be consistent with a family atmosphere.

Discrimination:

All Residents have access to Human Rights. Discrimination against Residents will not be tolerated on any grounds.

Health Care:

Care within the concept of a Home is given in a person-centred manner to each Resident. In this respect the Home should liaise with doctors and other health care professionals to ensure that correct medical care is given.

Medicines:

The Home has a system for the control, supply, and administration of prescription and other medicines and residents are able to take responsibility for their own medicine, if they so wish, within a risk assessment framework.

Medication, whether self or staff administered, is managed in a way that protects residents. With all residents, who have completed a risk assessment and are capable of self-medication, will be provided with a lockable space in their room to store their medication.

Choice of Doctor:

Residents will not be required to change doctors for the convenience of the Home. However, it must be recognised that doctors work within a geographical area, and a move into Residential care may necessitate a change of doctor.

Personal Belongings:

Residents should be able to bring a reasonable number of personal belongings into the Home, including photographs and pictures, ornaments, and such furniture as may be agreed with the management. An inventory of Personal Belongings Form will be completed by the registered manager and signed by the Resident/advocate on the day of admission.

The executors should make arrangements for the disposal of such property in the event of a Resident's death.

The Home provides a place of safety for the storage of such Residents' property as may be agreed with the management, and should provide Insurance cover to a certain level.

Telephone:

A telephone should be available for the use of Residents, and be situated in a position of privacy. If Residents require phone in their room, this can be arranged at their expense.

Nutrition:

Residents are provided with nourishing, adequate and appetising food. Variety is important. Likes and dislikes are taken into account, and special dietary requirements catered for. Staff are trained in nutrition management.

Complaints:

The Home has a written complaints procedure, which will be invoked whenever there is a complaint, however trivial it may appear. The complaints procedure is written in Polish and is issued to each resident with their Service User Contract.

All complaints received will be logged in the complaints book at Laxton Hall. The Registered Manager will acknowledge all complaints received in writing detailing what action will be taken and what timescale the process will be completed in. In every event a written response to the complainant will be made by the Registered Manager within 28 days.

A record of all complaints will be kept available for inspection by the Care Quality Commission. You may wish to complain direct to them at:

CQC East Midlands

Citygate

Gallowgate

Newcastle upon Tyne

NE1 4PA

Telephone: **03000 616161**

Website contact us page: <http://www.cqc.org.uk/content/contact-us>

If you have a worry about your care or any other anxiety, please do not hesitate to speak to the Registered Manager or any other staff member, when every effort will be made to overcome this difficulty.

Sister Teresa Sabok

Laxton Hall

Nr Corby

Northants

NN17 3AU

Tel: 01780 444292

E mail: [teresa@ pcmew.org](mailto:teresa@pcmew.org)

If your problem is not resolved at this stage, your complaint will be referred to the Registered Provider:

The Chairman of the Trustees

P.C.M Housing Association Ltd,

2 Devonian Road

London

N1 8JJ

Tel: 0207 359 8863

E mail: [bozena@ pcmew.org](mailto:bozena@pcmew.org)

Dying and Death:

Residents are assured that at the time leading to their death, staff will treat them and their family with care, sensitivity and respect. Every effort will be made to ensure that the resident receives appropriate attention and pain relief and their spiritual needs and rites will be observed.

The Home will ensure that the resident's wishes regarding their arrangements following death will be documented and held as a matter of record.

Residents' Agreement – Service User Contract

All Residents will receive a written contract between themselves and the Home. This specifies details such as the level of expected care, fees, period of notice and so on. Residents will also be issued with a Service User Guide.

General Data Protection Regulations (GDPR)

Laxton Hall policies and procedures are compliant with the GDPR. Our Privacy Policy is available on the website www.laxtonhall.co.uk or on request. Specific privacy notices are in place for the delivery of care and employee management.

STAFF CONDUCT STANDARDS

1. All staff must have a common purpose in maintaining and improving the self-respect, health, independence, and motivation of Residents to the greatest possible extent. Choice and control will be afforded to Residents at all times in all areas of their life.
2. Person centred care will be provided. The approach addresses the physical, psychological, emotional, intellectual, social and spiritual needs of the individual. It facilitates freedom from the anxiety and insecurity of isolation, and maintains dignity and respect at all times.
3. Staff must show respect to Residents by speaking and behaving courteously. For example, using the name a person wishes to be called by, knocking on bedroom and bathroom doors, closing all doors, avoiding unnecessary shouting or unearned familiarity, and above all not treating Residents as if they were children.
4. Staff must not allow the necessary routines for the efficient running of the Home to become so rigid that the well being of the Residents suffers, nor must they allow standards to drop by being negligent of these routines.
5. Information about Residents, which is relevant to giving good care, should be readily available, but in such a way that confidentiality is kept within the staff group, compliant with GDPR and our Privacy Policy.
6. All staff will be expected to attend staff meetings, during which everybody will be encouraged to discuss the issues of running the Home, giving Residents individual care and to share in general information received on Residents and other relevant topics. For example, health and safety at work, fire regulations, good health and hygiene practices.
7. Caring for the Residents can produce stress and emotional tension at times. Therefore staff are free to retire to the office / staff room for a short break if they need to recover from a stressful situation, but should discuss the matter as soon as possible with the Sister in charge.
8. The most senior member of staff available must be consulted if a Resident refuses to comply with something that is required for the good of themselves, the good of others, or for safety reasons. Physical restraint or compulsion is not permissible under any circumstances. If such circumstances do arise. Other residents should be taken to a safe place, and a doctor or the police, (dependant on the circumstances), should be called.
9. All staff receive safeguarding of vulnerable adults training on an annual basis. All staff are responsible for reporting any issues that may be defined as in contravention of safeguarding regulations.

All staff are issued with the General Social Care Council Code of Conduct with full compliance expected.