

# Hawthorne Trust Limited

# Charton Manor

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

An inspection was carried out of the Christian Science residential nursing home at Charton Manor on 10 November 2016, this inspection was unannounced. We returned to inspect the Christian Science Visiting Nurse Service for London (domiciliary care) based at Charton Manor on 15 November 2016. This inspection was announced.

The Christian Science residential nursing home at Charton Manor and the Christian Science visiting nursing domiciliary service are run as a charitable trust. Charton Manor provides residential and respite accommodation and personal care for up to 19 people. They choose to receive care based on their religious convictions, which are consistent with the theology and ethics of the Christian Science Church. Christian Science Visiting Nurse Service for London (domiciliary care) is based in an office on the first floor of Charton Manor.

Christian Science nurses are non-medical nurses trained in providing Christian Science nursing care through Christian Science teachings and practice. People received non-medical Christian Science nursing care at Charton Manor when there was a need for this. People also stayed for religious study and rest at Charton Manor. A Christian Science Visiting Nurse Service for London (domiciliary care) provides Christian Science nursing to people in their own homes. Access is based on reliance on Christian Science for healing rather than geographic location.

Charton Manor, which is set in large well-kept grounds has two floors and includes a cottage that is separated from the main building by a short covered walkway. Accommodation was provided on the ground floor at Charton Manor and in the Cottage. Christian Science nurses provided assistance to people with washing and dressing, practical assistance with mobility and wound cleaning and dressing. No medicines, medicated dressings or topical medical treatments were carried out at Charton Manor. There were nine people living in the home when we inspected, four of whom were virtually independent with their own care.

There were ten people using the Christian Science Visiting Nurse Service for London (domiciliary care) when we inspected. The care provided by both services was delivered so that people may rely on CS treatment for healing in accordance their needs and the teachings and practice of the Christian Science Church.

There were two registered managers employed. One, at the Charton Manor and one for the Christian Science Visiting Nurse Service for London (domiciliary care). A registered manager is a person who has registered with the Care Quality Commission 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 home and domiciliary service are run. Both registered managers were Christian Science Nurses.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at Charton Manor was subject to a DoLS restriction the

registered manager understood when an application should be made.

The registered manager of the Christian Science Visiting Nurse Service for London (domiciliary care) was also knowledgeable about the Mental Capacity Act (2005) and how it affected their work. Decisions people made about their care or medical treatment were dealt with lawfully and fully recorded.

People were provided with detailed information about what CS nurses could provide before they started using either service. Every person using Charton Manor and the Christian Science Visiting Nurse Service for London (domiciliary care) had capacity to consent to the care and treatment offered and to make informed decisions about how their care was delivered to them. The provider's policies and procedures and the information provided to people ensured that people understood what CS nurses could not provide. For example, medicines or medical treatments. However, when necessary people could choose to access medical assistance/treatment or CS nurses understood they could call for medical help in an emergency. People could also choose to use local GP services for advice on health and wellbeing matters.

People were protected in both services by policies and procedures that were reviewed and kept updated in line with best practice. CS nurses followed these policies and had been trained and supervised in the boundaries in which both the Charton Manor and the Christian Science Visiting Nurse Service for London (domiciliary care) operated. There were clear links between the care provided, the teachings of the Christian Science Church, the policies of the services and information given. The aims and purpose of the nursing care provided was discussed with people.

New CS nurses received an induction and training was on going and planned in advance. Supervisions and appraisals for CS nurses were taking place in line with the provider's policy.

CS nurses and non-nursing staff were recruited within robust recruitment policy criteria. Safe recruitment practices had been followed before CS nurses started working at Charton Manor in the Christian Science Visiting Nurse Service for London (domiciliary care). The registered managers ensured that they employed enough CS nurses with the skills to meet people's assessed needs. For example, CS nurses had to be fully qualified to practice the theology and ethics of the Christian Science Mother Church and their practice cards could be found in the Christian Science Journal. Nursing levels were kept under constant review to ensure people's needs could be met.

The registered managers, and CS nurses used their experience and knowledge of people's needs to assess how they planned people's care to maintain their safety, health and wellbeing. Risks were assessed and management plans implemented by CS nurses to protect people from harm.

People who used the services received safe care from very skilled and knowledgeable CS nurses or trainees. The induction and training of all new CS nurses was thorough, with the trainees being supported by a CS nurse through regular supervision and assessment. The CS nurse training was supplemented by additional training and updates to enable people to receive person-centred care. All the CS nurses we met during the inspection demonstrated a mutual respect for the people they cared for as they shared the same beliefs.

Incidents and accidents were recorded and checked to see what steps could be taken to prevent these happening again. The risks at Charton Manor and in the Christian Science Visiting Nurse Service for London (domiciliary care) were assessed and the steps to be taken to minimise risks were understood by the CS nurses.

Charton Manor was kept clean and well maintained by the domestic services and maintenance teams.

Managers ensured that they had planned for foreseeable emergencies, so that should they happen people's care needs would continue to be met. The premises and equipment were maintained to keep people safe. This was effectively monitored by the maintenance team and the administration service manager.

People described CS nurses as welcoming and friendly. CS nurses were upbeat and happily provided friendly compassionate care and support. People were encouraged to get involved in how their care was planned and delivered. The care planning systems at Charton Manor and the Christian Science Visiting Nurse Service for London (domiciliary care) took account of people's independence and rights to make choices.

People were involved in planning their care through discussions during their initial needs assessments, at care reviews and by consenting to their care by signing their agreement to it in their care files. This helped CS nurses deliver care to people as individuals. After people moved into Charton Manor or started to use the Christian Science Visiting Nurse Service for London (domiciliary care) they were asked on a regular basis about their experiences of the care they received. Each person had a lead CS nurse and we observed that the CS nurses knew people well.

People benefited from planned activities that were in keeping with their religious convictions and consistent with the theology and ethics of the Christian Science Church. These included user led prayer and Bible readings and activities such as art and crafts.

CS nurses encouraged and supported people to maintain their health by ensuring people had enough to eat and drink. People had daily choices around food and this was supported by a full time chef and catering CS nurses. There were separate kitchen facilities where people or CS nurses could practice or maintain their cooking skills.

If people complained they were listened to and the registered managers made changes or suggested solutions that people were happy with. The actions taken to resolve complaints were fed back to people.

The registered managers provided good leadership. Charton Manor was led by an experienced registered manager, as was the Christian Science Visiting Nurse Service for London (domiciliary care). The registered managers had kept up to date with best practice in social care and the policies and practise they demonstrated reflected this. They also maintained their spiritual ministry as CS nurses'.

## 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.

CS nurses knew what they should do to identify and raise safeguarding concerns.

There were sufficient CS nurses to meet people's needs.  
Recruitment procedures were robust.

Risks were assessed. Incidents and accidents were recorded and monitored. The premises and equipment were maintained to protect people from harm.

### Is the service effective?

Good ●

The service was effective.

CS nurses knew people's needs and considered people's faith as part of the healing process.

People benefited from a variety of foods and drinks to help them maintain their health and wellbeing.

The registered managers met CS nurses to discuss their work performance and training.

The registered managers understood the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

### Is the service caring?

Good ●

The service was caring.

People had forged good relationships with CS nurses and other staff.

People were treated as individuals and able to make choices about their care.

People had been involved in planning their care and their views were taken into account.

### Is the service responsive?

Good ●

The service was responsive.

People were provided with care when they needed it based on an assessment of their needs and an up to date care plan.

Activities reflected people's choice and beliefs.

People were encouraged to raise any issues they were unhappy about.

### Is the service well-led?

Good ●

The service was well led.

There were clear structures in place to audit, monitor and review risks.

The provider and registered managers promoted person centred values.

People were asked their views about the quality of all aspects of the care they received.

# Charton Manor

## 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 home, and to provide a rating for the home under the Care Act 2014.

This inspection took place on 10 and 15 November 2016 and was unannounced on 10 November, but announced on 15 November. We announced the inspection on 15 November to ensure the CS nurse registered manager was available as they provided care in the community and were often out of the office.

The inspection team consisted of two inspectors.

We looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law. Before the inspection, the provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with three people living at Charton Manor and two people using the Christian Science Visiting Nurse Service for London (domiciliary care). We spoke with six CS nurses including the two registered managers, one Christian Science nurse, a Christian Science nurse in training, the training manager and the maintenance manager. We observed how people and CS nurses communicated and participated together in activities. .

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at three people's care files at the Charton Manor and two for the Christian Science Visiting Nurse Service for London (domiciliary care). We also looked at two CS nurses record files, the CS nurses training programme and the CS nurses rota.

At the previous inspection on 17 October 2013, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

# Is the service safe?

## Our findings

People expressed clear views of being well cared for and secure at Charton Manor. One person said, "I feel safe and comfortable." People also had positive experiences of the Christian Science Visiting Nurse Service for London (domiciliary care). One person told us how they were reassured by a CS nurse coming to their home and delivering care with absolute respect and safety.

We discussed safety with both of the service's registered managers and it was clear that people's safety was a priority. People's needs and dependency was monitored weekly and recorded to identify any changes in need. Where this happened there were good systems in place to communicate changes to the CS nurses.

People were protected from the risk of receiving care from unsuitable staff. The registered managers followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. Records confirmed that CS nurses recruitment followed the provider's policy. CS nurses had been through an interview and selection process. Applicants for jobs had completed application forms and been interviewed for their roles. New CS nurses could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. All new CS nurses and staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new CS nurses or staff employed having previous criminal convictions, or if they were barred from working with people who needed safeguarding.

There were enough qualified, skilled and experienced CS nurses to meet people's needs. Cleaning, maintenance and cooking were carried out by other staff so that CS nurses employed in delivering care were always available to people. All the care staff at Charton Manor were qualified or trainee Christian Science nurses. The Christian Science Visiting Nurse Service for London (domiciliary care) could only be delivered by a qualified CS nurse. The registered managers of both the Christian Science Visiting Nurse Service for London (domiciliary care) and Charton Manor were qualified CS nurses. The rotas confirmed there sufficient CS nurses deployed to meet the assessed needs of the people using the service. All of the CS nurses employed by the service were Christian Science nurses. When extra CS nurses were needed the registered manager was able to access CS nurses from different parts of the world. At the time of our inspection, a CS nurse had come from America to cover care services. The shifts at Charton Manor and the Christian Science Visiting Nurse Service for London (domiciliary care) were well planned and we viewed detailed evidence of staff task, roles and responsibilities for each shift. People could expect and experienced consistency for their care and support from CS nurses who understood their needs.

The Medication Policy covering both services was clear and outlined the position in relation to medical care and treatment. It said, "No medical care is given including diagnosing, administering medication, drugs or any medically orientated techniques". People who used the service were Christian Scientists, but had nevertheless signed an agreement which meant all parties were clear and in agreement with the level of support offered by the CS nurses. The CS nurses did not administer any medication to anyone using the service. If this was required then appropriate health care professionals would be contacted. The registered managers told us that they had ensured that appropriate health care professional help, such as access to a

GP, was available to people if they decided or needed GP services. This was very much the person's choice.

People were protected from harm by CS nurses who were trained and understood how to safeguard people. CS nurses received safeguarding training and this was confirmed by information we saw in training records which were up to date. The provider had policies about safeguarding people and about protecting people from the risk of foreseeable emergencies, such as power failure so that safe care could continue. For example, arrangements were in place for people to be evacuated if needed. The registered managers had an out of hours on call system, which enabled serious incidents affecting people's care to be dealt with at any time.

The registered managers understood how to protect people by reporting concerns they had to the local authority and taking action in protecting people from harm. Incidents and accidents were investigated by the registered managers to make sure that responses were effective and to see if any changes could be made to prevent incidents happening again. For example, the registered manager looked out for trends or recurrences of incidents so that appropriate actions could be taken. They had learnt from incidents that had occurred and changed working practices to maintain people's health and wellbeing. CS nurses spoke confidently about their understanding of keeping people safe. They understood the providers safeguarding policy. CS nurses gave us examples of the tell-tale signs they would look out for that would cause them concern. For example bruising. CS nurses understood that they could blow-the-whistle to care managers or others about their concerns if they needed to.

People who faced additional risks if they needed to evacuate had an emergency evacuation plan written to meet their needs. CS nurses received training in how to respond to emergencies and fire practice drills were in operation. Records of fire drills and tests were kept, showing these happened on a regular basis.

The risk people faced as individuals and from the environment had been assessed to protect them from harm. As soon as people started to receive care, risk assessments were completed by CS nurses. All of the risk assessments we looked at had been reviewed within the last twelve months. CS nurses we spoke with were clear about who was responsible for keeping risk assessments up to date.

People had been assessed to see if they were at any risk from falls, or not eating and drinking enough. If they were at risk, the steps CS nurses needed to follow to keep people safe were well documented in people's care plan files.

The premises at Charton Manor were maintained to protect people's safety. There were adaptations within the premises like ramps to reduce the risk of people falling or tripping. People were cared for in a safe environment and CS nurses were trained to move people safely. Equipment was serviced and CS nurses were trained how to use it. We observed CS nurses providing safe care if people had difficulty walking. Moving and handling training was completed by CS nurses. The premises were designed for people's needs with signage that was easy to understand. The registered manager for the Christian Science Visiting Nurse Service for London (domiciliary care) assessed environmental risks within people's homes. This protected people and staff from foreseeable harm.

# Is the service effective?

## Our findings

CS nurses understood people's needs, followed people's care plan and were trained for their roles. People said, "Everything has been arranged for my stay (at Charton Manor) by the CS nurses, I have been very well looked after and there is always a CS nurse there to care for me." People told us that CS nurses walked with them if they were unsteady on their feet.

Another person told us "The food is very good" (at Charton Manor), there's plenty of it and you can always ask for more", and "I receive excellent care".

People using the Christian Science Visiting Nurse Service for London (domiciliary care) told us that the CS nurse followed their care plan and choices. One person told us how important it was for them to receive nursing care as a student of Christian Science. They said, "I believe it is marvellous that people train as CS nurses as this enables me to receive care based on my beliefs. Their work is very important." Another said, "My CS nurse delivers my care correctly and within my expectations."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager at Charton Manor understood when an application should be made and how to submit them.

To access CS nursing care people had to be able to make a choice to receive nursing as practised by the teachings of Christian Science. This meant that the services offered may not be suitable for people without the ability to make clear informed choices before they started to use the service or where their capacity to consent to the care changed during care delivery. For example, if they had dementia or other impairments that restricted their ability to fully understand the care they would be receiving. However, people were protected by CS nurses who were knowledgeable about the requirements of the Mental Capacity Act 2005 (MCA). Care plans took account of people's choices around capacity to protect their best interests. For example, people made advance directive decisions about their future care whilst they had capacity. This meant that people's rights were protected.

People were protected from poor health through not eating and drinking enough. People could get snack foods and drinks at night and between meals if they were hungry or thirsty. Menus were varied and seasonal, they were planned to provide a balanced and nutritious diet for people. Records showed people could choose foods that were not on the planned menu or that differed from their original choice. People at risk of dehydration or malnutrition were appropriately assessed. People who were at risk of choking had also been assessed. Daily records showed food and fluid intake was monitored and recorded. Care plans included eating and drinking assessments. Care plans detailed people's food preferences and allergies.

People maintained their general health and wellbeing by seeking advice, but not treatment from local GP services and could access community medical nursing services or hospital provision if the individual wanted to do this. Both registered managers gave us examples of situations of how people's health needs had been or could be met by mainstream medical services in certain situations. For example in medical emergencies.

People were cared for by trained, supported and competent CS nurses. The service had taken on board the Skills for Care, care certificate and offered all their trainees the course and materials as part of their induction to Christian Science (CS) nursing. The care certificate is a route to a nationally recognised social care qualification. Before any trainee started their CS nurse training they completed the care certificate and introduction to Christian Science nursing course which was over three weeks class room based and then a period of approximately five months of on the job instruction. Each trainee had a CS nurse mentor. Six trainees had completed the care certificate since it was introduced at Charton Manor from 2015.

There were four levels to becoming a CS nurse. Introduction, practice level 1, practice level 2 and practice level 3. Each level for the trainee was very comprehensive with class room based theory and practice and before any trainee could progress to the next level their practice was assessed and for which they were expected to reflect on and pass practical and spiritual assessments. On the day of our inspection there were two trainees receiving one to one CS nurse supervision of their practice and being assessed. The assessment was thorough and documented to provide evidence of the trainee's competence to undertake certain skills and tasks. It can take approximately three years for a trainee to complete their training and become a CS nurse. This then enabled them to be able to advertise themselves as a CS nurse in the CS Journal. CS nurses told us that discussions in their supervision sessions covered their goals, performance, whether they were happy in their job and training. They felt their support was well managed.

Christian Science Nursing is not regulated by the UK Nursing and Midwifery Council (NMC). However, regulation is provided through the Christian Science Church. Each CS nurse had undergone an extensive training course which was facilitated at Charton Manor and the Christian Science Visiting Nurse Service for London (domiciliary care). The service was CS nursed by qualified CS nurses and trainees. CS nurses provided skilled, practical care that was grounded in the spiritual healing method of Christian Science. The service had training facilities on the first floor of the building. The training manager kept good records of all the trainees and CS nurses training that they had participated in. The records we viewed showed that each CS nurse and trainee working at Charton Manor had attended the relevant updates and training considered mandatory. The training matrix was detailed and showed when the courses had taken place and when they were due for renewal. Both the trainee and their supervisor we spoke with told us how training was always available and how they felt well supported by the management team and nominated individual. The trainee we spoke with also stated that even though the course had a time scale attached if any trainee required additional time and support then this was readily available to them.

## Is the service caring?

### Our findings

We observed CS nurses who were friendly and genuinely caring towards people. CS nurses we spoke with had the right attitude to care and were committed to delivering compassionate care. One person said, "There is a wonderful atmosphere of peace and love at Charton Manor. Other people's comments included, 'The CS nurses are very caring' and 'I am very happy at Charton Manor, it is the kingdom of heaven'.

People at Charton Manor told us they get offered lots of choices. For example, they can choose to have their bedroom doors open or closed, when they get up and go to bed and what activities or studies they can get involved in. One person said, "I choose to attend Bible studies and my room is so comfortable I like to relax in there."

People using the Christian Science Visiting Nurse Service for London (domiciliary care) described experiencing caring and positive care. One person said, "I am very grateful for the care I receive, my CS nurse is very pleasant and he treats me with respect. I trust my CS nurse." Another person said, "My CS nurse has absolute respect for me, I find him most helpful."

We observed that CS nurses were polite and cheerful. CS nurses got to know people as individuals, so that people felt comfortable with CS nurses they knew well. CS nurses were aware of people's preferences when providing care. The records we reviewed contained detailed information about people's likes and dislikes and preferred names. We heard CS nurses addressing people by their preferred names.

CS nurses enabled people to build relationships and trust with familiar CS nurses. At Charton Manor people accessed qualified named CS nurses who they trusted. At the Christian Science Visiting Nurse Service for London (domiciliary care) people chose the CS nurse from an accredited CS nursing publication. CS nurses took responsibility for ensuring that people for whom they had a lead responsibility had up to date care plans and their needs were met.

CS nurses described the steps they took to preserve people's privacy and dignity in the home. At Charton Manor CS nurses knocked on people's doors before entering to give care. People who used the Christian Science Visiting Nurse Service for London (domiciliary care) told us they experienced dignified and personalised care.

The atmosphere at Charton Manor was relaxed. There were quiet areas people could go to if they wished to sit away from others. CS nurses acted quickly when people called them. We observed CS nurses speaking to people in a soft tone; they did not try to rush people.

People had choices in relation to their care. Where appropriate, CS nurses encouraged people to do things for themselves and stay independent. This was recorded in people's care plans and CS nurses told us they followed this. CS nurses closed curtains and bedroom doors before giving personal care to protect people's privacy. Information about people was kept securely in the office and the access was restricted to senior CS nurses. When CS nurses completed paperwork they kept this confidential.

People and their relatives had been asked about their views and experiences of using both services. We found that the registered managers collected feedback from people. There were residents and relatives meetings at which people had been kept updated about new developments.

We found that the results of the surveys/questionnaires were analysed by the provider. Information about people's comments and opinions of both services, plus the providers responses were made available to people. This kept people involved and up to date with developments and events.

Information showed people could influence decisions the provider had made. For example, we saw that the registered manager at Charton Manor had introduced a 'Special Supplementary Menu' in the dining room after listening to people's feedback. We saw that this was already being used by people and it was clear from the discussions we had with people that they had been involved in discussions about this.

The provider had a policy about record keeping and confidentiality. CS nurses followed the policy. Records about people could only be accessed by authorised CS nurses.

## Is the service responsive?

### Our findings

Peoples' needs were assessed prior to them attending or being admitted to the services. Their treatment and support was planned and delivered in line with their individual care plan and was very much guided by people as to what they wanted on a daily basis. As part of the Christian Science religion people were all practising Christian Scientists and had agreed to admission to the service with the majority requesting admission for either some CS nursing care or for rest and study.

People's needs had been fully assessed and plans had been developed on an individual basis to ensure the service could meet their individual needs. We saw that assessments, care plans and risk assessments reflected people's needs and were well written.

There were nine people living at Charton Manor. People did not have high care needs. Each had different reasons for using the service and why some decided to stay longer than they envisaged. At the time of the inspection, five people had been living at Charton Manor for more than a year. However, this was very much decided by the person who took part in any review and changes to their care plan. We saw in one person's notes comments made by them to the changes that had been suggested to their care. The care plan was reviewed to take into account these changes and the views of the person. Each person who received CS nursing care also had the input of a CS practitioner who was independent of Charton Manor and the Christian Science Visiting Nurse Service for London (domiciliary care). Individuals chose who their practitioner would be and they would contact them as and when needed. The CS nurses would only contact people's practitioner at the request of the person and the practitioner conversations and interventions were kept private and confidential. Any continuing care was between them and the person unless the practitioner and person agreed that additional study would assist them. This would then be discussed with the CS nurses and the support agreed.

People had access to activities that met their needs. Activities were available throughout the day for all people at Charton Manor. There were individual activities as well as group activities. A daily planner was available and displayed around the service along with individual activities for people that was in their rooms. Activities were centred on Christian Science teachings and included Bible lessons and study as well as group readings. People we spoke with told us they enjoyed these activities and that they were important to them. The group activities such as Bible readings could also be attended by the staff working at the service on the day. We saw an art room and people told us they liked going out for walks in the grounds.

A hairdresser visited Charton Manor once a week and people were offered the opportunity to access community events with other Christian Scientists. Suitable equipment had been provided to meet the physical and sensory needs of people living in the service, such as moving and handling equipment. We saw a range of equipment that was stored cleaned and maintained throughout the service.

CS nurses consulted people's care plans and were aware of, and responded to people, as individuals. The care plan for each person had been reviewed monthly or as soon as people's needs changed. The care plans had been updated to reflect recent changes to ensure continuity of people's care and support. CS nurses knew about any changes straight away because the management verbally informed them as well as

updating the care records. The CS nurses then adapted how they supported people to make sure they provided the most appropriate care.

If people's needs could no longer be met by CS nurses, the registered managers worked with the local care management team to enable people to move to more appropriate services. For example, medical nursing care.

The CS nurses and registered managers took account of people's complaints, comments and suggestions. The provider had a policy about how people could complain. People told us they knew how to complain and we saw that people received enough information to enable them to raise concerns or make complaints if necessary. This information was either in people's bedrooms at Charton Manor or given to people to keep at home by the registered manager of the Christian Science Visiting Nurse Service for London (domiciliary care).

Complaints had been dealt with to people's satisfaction. There had been two complaints since January 2016 at Charton Manor. The registered manager had followed the provider's complaints policy and investigated complaints, recorded responses in writing and kept a log of complaints for audit purposes. In one instance, as a result of the person's concerns, we saw that the way care was delivered had been changed. This meant that the person's concerns had been listened to and they were now happier with the care. People could attend meetings at Charton Manor where they could talk about any concerns or complaints they had about the care. People using the Christian Science Visiting Nurse Service for London (domiciliary care) were regularly asked for feedback. The registered managers always tried to improve people's experiences of the care by asking for and responding to feedback.

## Is the service well-led?

### Our findings

Both services were led by stable and consistent management teams. The registered manager of the residential home had been at Charton Manor for over 20 years and was an active CS nurse. She had extensive knowledge of the service and all the people who used it. The registered manager for the Christian Science Visiting Nurse Service for London (domiciliary care) provided the care to people in their own homes and was also very experienced. Both registered managers were listed CS nurses and were passionate about their work. Both registered managers were well known by people. At Charton Manor, we observed the registered manager being greeted with smiles and they knew the names of people when they spoke to them. People we spoke with on the telephone about the Christian Science Visiting Nurse Service for London (domiciliary care) described the registered manager of that service as trusted, caring and effective.

The aims and objectives of both the residential nursing home at Charton Manor and the Christian Science Visiting Nurse Service for London (domiciliary care) were set out and the registered managers and CS nurses follow these. One of the registered managers told us they cherish, nurture and support people within their faith, and from what we observed and people told us, this was clearly what people experienced. CS nurses had a clear understanding of what they could provide to people in the way of care and meeting their needs. CS nurses told us how their behaviours and attitude were discussed with their manager to ensure that they delivered the best care possible. This was an important consideration and demonstrated that people were respected.

The registered managers were committed to making the services good places for CS nurses to work and practise. They promoted good communication within the teams. The registered managers were very "hands-on" and well respected by people, who had good things to say about them. CS nurses communicated freely with the registered managers and were at ease. CS nurses told us they enjoyed their jobs. CS nurses felt they were listened to, they were positive about the management team in the home. The registered managers ensured that CS nurses received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. This led to the promotion of good working practices.

There were a range of policies and procedures governing how Charton Manor and the Christian Science Visiting Nurse Service for London (domiciliary care) needed to be run. All of the policies, we viewed, heavily emphasised the importance of consent. They were kept up to date with new developments in social care. The policies protected CS nurses who wanted to raise concerns about practice within the home or Christian Science Visiting Nurse Service for London (domiciliary care). CS nurses told us they were aware of the policies. The home at Charton Manor had a five star food hygiene rating.

Audits within Charton Manor and the Christian Science Visiting Nurse Service for London (domiciliary care) were regular, responsive and drove improvement. CS nurses and maintenance staff carried out health and safety checks and these were recorded. Audits clearly identified improvements needed and these were recorded.

People were protected from risk within the environment and from faulty equipment. CS nurses reported

maintenance issues promptly and these were recorded. Maintenance staff ensured that repairs were carried out safely and signed off works after these had been completed. Records showed that repairs were carried out as soon as possible after the issues had been reported.

Other environmental matters were monitored to protect people's health and wellbeing. These included legionella risk assessments and water temperatures checks, ensuring that people were protected from water borne illnesses. Firefighting equipment and systems were tested as were hoist and the gas boiler and electrical systems. The maintenance team kept records of checks they made so that these areas could be audited.

People were protected by good governance processes implemented by the provider. The Commission for Accreditation of Christian Science Nursing Organizations/Facilities, Inc. in the USA, recognised by The Mother Church of Christian Science in Boston USA, reviewed the quality and performance of the CS nurses at Charton Manor and the Christian Science Visiting Nurse Service for London (domiciliary care) every three years. They checked that policies and procedures, risk assessments, care plans and other systems in the services were reviewed, up to date and were working well. All of the areas of operations in the services were covered.

The registered manager at Charton Manor produced development plans showing what improvements they intended to make. These plans included improvements to the premises. Both registered managers demonstrated that they continued to update their knowledge and professional development, both by reading literature and maintaining their CS nurses' listings and by keeping up with developments in regulation and health and social care practice. The provider's management culture promoted support for the registered managers and enabled them to gain knowledge of best practice or share knowledge with others.

Both registered managers were knowledgeable about keeping people safe. They understood their responsibilities in discussing safeguarding issues with the local authority safeguarding teams and their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events that affected people. This ensured that people and CS nurses could raise issues about safety and the right actions would be taken.

There were good governance systems in place, for example, if needed, serious complaints would be escalated to the highest levels within the organisation so that they were dealt with to people's satisfaction.