

# Hawthorne Trust Limited

# Charton Manor

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

The Christian Science residential nursing home and the Visiting Christian Science Nursing Services, London Field (domiciliary service) are run as a charitable trust. Both are located at Charton Manor.

The Christian Science residential nursing home provides residential and respite accommodation and personal care for up to 19 people. At the time we inspected, seven people were using the service. They choose to receive care based on their religious convictions, which were consistent with the theology and ethics of the Christian Science Church.

Visiting Christian Science Nursing Services, London Field (domiciliary care) is based in an office on the first floor of Charton Manor. There were 16 people using the domiciliary care service when we inspected. The service only provides care based on Christian Science teachings, such as, assistance with mobility, assistance with meal preparation, wound dressing and companionship to people living in their own homes. Visiting Christian Science Nursing Services, London Field (domiciliary care) does not administer medicines, or medicated, herbal, or vitamin-based products and remedies.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were positive in their feedback. Comments included; "The nurses look after us suitably"; "Marvellous" and "Oh yes, they are very good."

However, the registered manager for Visiting Christian Science Nursing Services, London Field (domiciliary care) had not carried out appropriate risk assessments before people started using the service. There were no environmental risk assessments or care related risk assessments for people receiving domiciliary care. This meant that the service had not mitigated possible and potential risks to people who received care and support.

Accidents and incidents, for people living in the residential nursing home had been recorded in care plans and monitored by the registered manager to try to prevent similar incidents being repeated. However, we found no records of any incidents or accidents for people receiving support from the Christian Science visiting nursing service. We have made a recommendation about this.

Visiting Christian Science Nursing Services, London Field (domiciliary care) did not have adequate processes in place to audit and monitor the delivery of the service. However, the residential nursing home had a robust quality audit system in place which allowed the registered manager to have an oversight on the service.

People were protected from abuse. Staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. The provider followed safe recruitment practices.

People who lived in the residential nursing home received the support they needed to stay healthy and to access healthcare services. Each person had an up to date care plan, which set out how their care and support needs should be met by staff. These were reviewed regularly.

People continued to receive care from staff who were well supported with induction and training. Staff received the training and updates they required to successfully carry out their role.

Staff understood the importance of promoting people's choices and provided the support people required while assisting and maintaining independence. This enabled people to achieve positive outcomes and promoted a good quality of life.

The staff were caring and knew people, their preferences, likes and dislikes well. We received good feedback from people and relatives about the quality of care provided by staff.

We observed people's rights, their dignity and privacy were respected. People continued to be supported to maintain a balanced diet and staff monitored their nutritional health.

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. We saw that people participated in activities, pursued their interests and maintained relationships with people that mattered to them.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (Report published on 24 January 2017).

#### Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements. Please see the Safe, Responsive and Well Led sections of this full report.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Charton Manor

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Charton Manor known as the Christian Science residential nursing home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Charton Manor is also a domiciliary care agency known as the Visiting Christian Science Nursing Services, London Field. It provides personal care to people living in their own houses and flats.

There were two registered managers employed. One, at the Christian Science residential nursing home and one for the Visiting Christian Science Nursing Services, London Field (domiciliary care). This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The Christian Science residential nursing home inspection was unannounced while the Visiting Christian Science Nursing Services, London Field (domiciliary care) was announced. The provider was given 48 hours' notice of the inspection as we needed to be sure that the office was open, and staff would be available to speak with us.

#### What we did before the inspection

We reviewed information we had received about both services since the last inspection. This included details about incidents the provider must notify us about. The provider completed a Provider Information Return (PIR) which we used to plan the inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We contacted healthcare professionals for feedback. We received no feedback.

#### During the inspection

During the inspection, we spoke with six people who lived at Christian Science residential nursing home, three people who used Visiting Christian Science Nursing Services, London Field, two Christian Science Nurses (CSN), the cook, deputy manager and the two registered managers.

We reviewed a range of records. This included two people's care records from Christian Science residential nursing home and four from Visiting Christian Science Nursing Services, London Field. We also looked at three staff (CSN) files including their recruitment, supervision and training records. We reviewed records relating to the management of the service, quality assurance records and a variety of policies and procedures implemented by the provider. We also looked at other records the provider kept, such as meetings with people and surveys they completed to share their views.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We received the training data and risk assessments sent to us in a timely manner.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- The registered manager for the Visiting Christian Science Nursing Services, London Field (domiciliary care) (VCSNS) told us they carried out risk assessments before any care package commenced. However, the care records did not evidence that the provider had assessed risks to people's safety.
- Care records showed that people's home environments had not been fully assessed for trip hazards and general safety. For example, in one person's care plan it was identified that the house was cluttered without space for the preparation of food. There was no risk assessments to reduce any likelihood of harm to staff and the person.
- There were no detailed care related risk assessment for people using VCSNS services. In one person's care plan, it stated, 'X [The person] had two falls last week.' This meant that the person was at risk of falls. The registered manager had no action in place to mitigate against this risk. There was no risk assessment in place to show what staff should do to reduce these risks. We found no other care related risk assessments for such areas like infection control, nutrition and hydration, health, activities and mobility. This meant that people might not have received appropriate support in these areas safely.

We did not identify anyone who had come to any harm. However, the provider had failed to do all that was reasonably possible to assess, manage and mitigate risks to people's health and safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's care plan contained risk assessments linked to their care needs at Christian Science residential nursing home. These explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately.
- Processes were in place at the residential nursing home to identify and reduce any environmental risks to people and staff. Risks to the environment were assessed, with registered manager for Christian Science residential nursing home looking to make sure it was safe for staff and for the person supported.

### Learning lessons when things go wrong

- Accidents and incidents had been recorded in care plans at the Christian Science residential nursing home and monitored by registered manager to try to prevent similar incidents being repeated. However, we found no records of any incidents or accident at the Visiting Christian Science Nursing Services, London Field (domiciliary care) office. We asked the registered manager who confirmed that they had no records. We found in one person's care plan as stated above, 'Had two falls last week.' We found no other record of this fall, action/s taken and if lessons had been learnt to mitigate any repeat.

We recommend that the provider seeks guidance from a reputable source on incident and accident reporting and how to mitigate associated risks.

- The registered manager at Christian Science residential nursing home was pro-active and used the opportunity to learn when things went wrong. Appropriate actions were taken following incidents, such as updating risk assessments and care plans and providing any necessary equipment. For example, one person had a fall. As a result of the fall, the registered manager reminded the person to use the call bell to call for help whenever needed. They also implemented monitoring checks which made sure the person was safe.
- When concerns had been identified, these were also discussed at handovers, staff meetings and one to one supervision meetings to improve the service.

Systems and processes to safeguard people from the risk of abuse

- We observed at Christian Science residential nursing home that people felt safe and comfortable within the service.
- Safeguarding processes continued to be in place. The risks of abuse continued to be minimised because staff were aware of safeguarding policies and procedures. Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate. A member of staff said, "Safeguarding is about keeping people safe from harm or any form of abuse."
- Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. One member of staff said, "If there is something going wrong that is not right, to report it to the manager and if the manager is not doing anything about it to go external. I can go outside to the police, local authority or the Care Quality Commission."
- Both registered managers demonstrated a good understanding of their responsibilities in relation to safeguarding people.

Staffing and recruitment

- One person who lived at Christian Science residential nursing home said, "Oh yes, we have enough staff." Another said, "I haven't had any reason to think there wasn't enough."
- There continued to be sufficient number of staff, to support people. Staff rotas showed that both registered managers took account of the level of care and support people required each day, in the service and community.
- Staff continued to be recruited safely, and checks were completed by both registered managers. Application forms were completed with no gaps in employment, references and proof of identification were checked. Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.

Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection at Christian Science residential nursing home.
- Personal protective equipment such as gloves and aprons were provided and used by staff to protect themselves and the person from the risk of infection.
- Staff were trained in infection control.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection, this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received the training and updates they required to successfully carry out their role safely and effectively. This included completing 'The Care Certificate', which was mapped into Christian Science Nursing. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Care staff were offered the opportunity to complete a formal qualification during their employment.
- Staff had completed an appropriate induction which normally lasted for four weeks needed to enable them to deliver care safely and effectively.
- Christian Science nurses (CSN) are not registered with or regulated by the UK Nursing and Midwifery Council. CSN was a title based on their Christian teaching of nursing, which meant to nurture and tend to, to comfort and to love. They help individuals who need physical assistance and wanted Christian Science treatment for healing.
- Staff told us they felt well supported in their role. They said they received regular supervision and appraisal of their performance which gave them an opportunity to discuss their roles and options for training and development. Staff had an annual appraisal of their work performance with the registered provider.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager at Christian Science residential nursing home continued to undertake an initial holistic assessment with people before service was started.
- People were fully involved in the assessment process to make sure both registered managers had all the information they needed. Records and people also confirmed that people were involved in regular reviews of their support. One person living at the residential nursing home said, "We were involved in the care plan from the beginning."
- Records showed that the initial assessments for both the residential nursing home and the domiciliary care service had considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected.

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

- People who lived at Christian Science residential nursing home said, "The food is good, and it is varied and I can ask for more if I want it. Once I was unwell and they specially made soup and light food for me." Another said, "On the whole it is excellent, fairly good variety."
- We observed at Christian Science residential nursing home that people were supported to maintain a well-balanced diet and remain as independent as possible with their meals. Records relating to food and drinks

people had eaten and drunk had been completed accurately.

- A menu was in place at Christian Science residential nursing home so that people knew what meals to expect. We observed general chatter/conversation throughout the meal between the people and the staff.
- Both registered managers ensured that any special health or dietary requirements were taken into consideration, such as the need for soft foods or diets as recommended by healthcare professionals.
- Staff supported people to maintain their hydration and food intake.

Supporting people to live healthier lives, access healthcare services and support

- As a Christian Science led service staff were not directly involved in people's healthcare needs. However, they supported people to live healthy lives through eating a balanced diet.
- If people required medical assistance, they were signposted appropriately. The deputy manager said, "We do talk to them about their choices. For example, one person said they were in a lot of pain and we gave them choice of going to the hospital which they declined, and we had to honour that."

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

- The residential nursing home was designed and decorated to meet people's needs. The environment was spacious and decorated with people's involvement. For example, signs for toilets and exits were clear.
- People had free access to the garden and all areas of the service, including the kitchen.
- People's rooms were personalised to suit their tastes and needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and found that they were.

- One person at residential nursing home said, "Staff always ask for my consent. It is almost too much I say."
- At the Visiting Christian Science Nursing Services, London Field (domiciliary care), people's capacity to consent to care and support had been assessed and recorded within their care plans. Where people lacked capacity to make specific decisions; the registered manager had a good understanding of what procedures to follow.
- Staff had received training in the MCA and were able to talk to us about how they applied this to their day to day practices. They were aware of the need to gain consent and we observed that staff obtained consent from people before providing care and support throughout the day of our inspection. People were supported in the least restrictive way.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Comments from people included, "Yes, they are kind"; "I am sure they are kind" and "The ladies are good. Both of them are excellent."
- The interactions between people and staff at the residential nursing home were positive, caring and inclusive. There was mutual respect and equality. We observed that members of staff spoke kindly, laughed and joked with people throughout the day, which showed that they knew people they were supporting well. Everyone appeared relaxed and happy.
- People's care records contained information about their preferences. We observed practices that demonstrated staff knew people well and understood their likes, dislikes, preferences and preferred names. We heard staff at the residential nursing home addressing people by their preferred names and we observed people chatting with the Christian Science Nurses.

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

- One person at residential nursing home said, "Yes my daughters and partly my son were involved" Another person using the domiciliary care service said, "I feel involved from start. Very responsible people."
- We observed people were supported to express their views and they were involved in making decisions about their care and support.
- People were involved in reviewing their care, and when people wanted support from their relatives or friends this was arranged, so they were able to fully understand their care. A relative said, "I was involved from the beginning because I am the main carer for my relative."
- People were able to express their needs and received the care and support that they wanted.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and to be treated with dignity was respected. We saw staff did not enter people's rooms without first knocking to seek permission to enter. One person receiving domiciliary care said, "They help me undress and I do most of the rest, they do my feet and I dry myself. They are very kind and religious people. I am very well cared for."
- Staff understood the importance of respecting people's individual rights and choices.
- Observation demonstrated people's independence was supported as much as possible. People were encouraged to mobilise independently where they were able, and staff observed and provided guidance where needed.
- People's records were safely stored in locked cabinets at offices at Charton Manor. The registered manager of the residential nursing home told us that people can access their records with the support of the

Christian Nurses whenever they wished.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The registered manager at Christian Science residential nursing home told us that the assessment checked the care and support needs of each person so that the registered manager could make sure they had the skills and levels of staffing within the staff team to care for the person appropriately.
- However, we found no records that people's needs were fully assessed at the domiciliary care service. We feedback to the registered manager who confirmed that they had no records of the initial assessments carried out.
- At the Visiting Christian Science Nursing Services, London Field (domiciliary care), we found that care plan did not fully reflect people's physical, mental and emotional needs. For example, one person required cleansing and covering of an affected area on their left shoulder because the skin 'Bleeds – Open Skin'. There was no further detail or guidance for staff and no care related risk assessment and guidance for infection control. This is an area for improvement.
- Daily records were kept by staff. Records included personal care given, well-being and activities joined in.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans were not in easy read or pictorial formats, which meant that some people such as people who had recently being diagnosed with onset of dementia or old age might not be able to understand them in future. The service was looking to develop easier to read information to help people who had recently been diagnosed with onset of dementia to be able to understand their care plan. This is an area for improvement.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People could participate in some group or one to one activity at Christian Science residential nursing home. The provider employed an activity coordinator who planned and facilitated a number of group and individual social activities. There was a plan of special events and activities and these were advertised on the service's notice board. Each person had a copy of the daily activities. People were offered individual support according to their needs and choices. There were activities such as bible reading, amongst others.
- One person said, "Yes the person who does the activities takes me out for teas, garden centres and the Lavender Fields were quite interesting too. It is all our choice." Another said, "I go to the activity if I am up to it. Some of the things I like are musical. I attend as I wish."

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

- Comments from people receiving care and support from the residential nursing home included, "I would talk easily to the manager. There is always somebody to talk to" and "Yes I think so, I would mention it to the Manager, but I haven't had occasion to do so." One person receiving a domiciliary care service said, "We have been receiving service for a couple of years. It has been satisfactory, and we are involved in the care plan. We very much feel safe with the carer. We were given complaints documentation from the service. We are happy with the service and we have never had any reason to complain."
- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.
- The complaints process was displayed in one of the communal areas of the residential nursing home in an easy to read format, so all people were aware of how to complain if they needed to. People receiving care from the domiciliary service told us that they were given information about how to complain when their services commenced. One person said, "We were given complaints documentation from Charton Manor when our service started."
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services, local government ombudsman and the Care Quality Commission (CQC).
- The service had one complaint on file since we last inspected at Christian Science residential nursing home. The complaint was dated 27 April 2019 about shower not working when admitted into the home for a short period. This was resolved satisfactorily on 13 May 2019.

### End of life care and support

- The service was not supporting anyone who were at the end of their life when we inspected.
- Christian Science residential nursing home registered manager told us that they work in partnership with a hospice team, who led and coordinated the best training for staff to be able to deliver care for people who are at the end of life whenever required. This ensured that people received the right support in the best place possible, enabling them to make the most of the time they have.
- The service kept records of people's end of life preferences as part of their care plan. This gave staff information on how people would like things carried out.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

### Continuous learning and improving care

- The Visiting Christian Science Nursing Services, London Field (domiciliary care) (VCSNS) did not have effective systems in place to assess, monitor and improve the quality and safety of the services provided. Audits of care plans, daily visit notes, incident, accidents and risk assessments were not undertaken.
- Records relating to the care and support of people at VCSNS were ineffective. This was because the service was not able to evidence that they consistently carried out their own assessment of people's needs and develop plans of care when they took on care packages.
- There was a lack of learning from incidents at VCSNS, which meant that care was not being improved in response to learning. Records found showed that there was a lack of oversight of incidents that had occurred and could not analyse these for trends. Incidents had not been recorded and there was no way to quickly identify these or track that they had been actioned.
- The provider had failed to check that people were receiving safe, responsive and well led care. Failure to carry out quality assurance checks meant that the provider was unaware of the issues we identified in this inspection; such as lack of initial care assessment, risk assessments and incident, accident records.

The failure to operate effective quality monitoring systems was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- However, the registered manager for Christian Science residential nursing home had a comprehensive system in place, which covered areas such as infection control, care plans and staff files.
- The management team kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops held by the local authority for care providers. The registered manager at Christian Science residential nursing home used these to improve service provision for people.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People at Christian Science residential nursing home told us they were able to speak with the registered manager anytime. One person said, "Well I think I am blessed to be here. I can speak to the manager at anytime. It is a blessing to be here and I am very grateful." Another person said, "The manager is very good about things. On the whole very caring."
- There continued to be a registered manager at both Christian Science residential nursing home and

VCSNS. The registered manager for Christian Science residential nursing home was supported by the deputy manager and the administrator. The administrator was also the nominated individual.

- Everyone was aware of who the registered managers at both Christian Science residential nursing home and VCSNS were. We saw the registered manager at Christian Science residential nursing home supporting people and staff members throughout our inspection.
- Staff members found both registered managers supportive and approachable. The residential nursing home staff commented, "They are very approachable. I feel very supported" and "They treat people equally. It is good. I do get support a lot from the management."
- Amongst their mission statement was, 'To provide the highest standard of proper care'. We found at Christian Science residential nursing home that this was the case. However, at CNVS, this had not been achieved as stated in Safe and Responsive.

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

- One person from VCSNS said, "What we are receiving is adequate. They are very caring."
- One person from Christian Science residential nursing home said, "We are receiving quite good care." Another said, "The care is pretty good."
- Communication within the service continued to be facilitated through quarterly staff meetings. We saw in meeting minutes that staff took time to listen to people and there were a lot of positive energy in the meeting. Areas of discussion included service users issues, staff responsibilities, staff uniforms and specialist menus on Thursdays as requested. It was further discussed that people should be encouraged to be in control of their care and personal care, which was a way of promoting people's independence.
- The provider had systems in place to receive feedback about the service, including regular survey questionnaire sent to people. These were sent to people living at the service, staff and relatives. All responses received showed that those who responded were satisfied with the service provided. Everyone who lived at the Christian Science residential nursing home stated they were happy with the service. The last survey questionnaire named 'Patient Satisfaction Survey' we saw was dated 03 July 2019. One person said, 'I am grateful for the help and support.'

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

- The provider understood the responsibilities of their registration. Registered persons are required to notify CQC of specific incidents relating to the service. We found that where relevant, notifications had been sent to us appropriately.
- It is a legal requirement the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the service and on their website.

Working in partnership with others

- Staff told us that they were kept well informed about the outcome of engagement with care professionals that could result in a change to a person's support.
- The management worked with funding authorities and other health professionals such as certified trainers to enhance their skills.



This section is primarily information for the provider

## Action we have told the provider to take

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

| Regulated activity | Regulation   |
|--------------------|--|
| Personal care      | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered manager failed to assess the risks to the health and safety of service users of receiving the care or treatment.</p> <p>Regulation 12(1)(2)(a)(b)</p>  |
| Regulated activity | Regulation   |
| Personal care      | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered manager failed to ensure comprehensive audit systems were in place to regularly assess and monitor the quality and safety of the service and maintain an accurate, complete and contemporaneous record keeping.</p> <p>This is a breach of Regulation 17 (1)(2)(a)(b)(d)</p> |