THE WOODBERRY PARTNERSHIP

# INSPECTION REPORT

## TUDOR HOUSE

### CQC RATING GUIDE: '**GOOD**'

Privately Commissioned Inspection for

# Tudor House

Conducted by:

Simon Cavadino

Date of Inspection:

14th January 2026

# Contents

## Executive Summary

Crystal Care's stated aim is to provide kind, compassionate care that helps people live life to the fullest. The organisation aims to prioritise well-being and strive to create welcoming environments where people can thrive. This aim is being built and delivered in a series of new purpose-built care homes across England & Wales. As part of Crystal Care's quality assurance programme, additional privately commissioned inspection visits have been commissioned from outside care professionals. This is to ensure the organisation makes use of an external eye, acting as a 'critical friend', to further improve and enhance the quality of leadership and the quality of care at their care homes. An introduction to the author is available at the end of the report.

This is the report from a day spent at **Tudor House.** Tudor House is a new purpose-built residential care home for older people including people living with dementia, located in the village of Thornbury, South Gloucestershire. The home's facilities are excellent and the environment is amongst the most impressive in the residential care market.

The home opened in July 2025 and there were 15 people in residence, although one was in hospital. This was a full privately commissioned inspection and was my first visit to the home.

The findings of this visit were positive and were indicative of an encouraging and reassuring start to life at the home, albeit at an early stage. Observations of the care and support showed a happy, relaxed and cheerful environment. The care staff spoke positively about their jobs, their colleagues and the support they had received from the management team. Care interactions witnessed between staff and residents were caring, encouraging, compassionate and friendly.

Residents and their relatives were complimentary about the home and did not raise any concerns. Feedback about the food quality was good and the lunchtime experience was well managed. The environment was clean and well presented. Personal care was of an outwardly good standard.

Regulatory compliance and governance systems were strong and quickly becoming embedded. There was a clear focus on attention to detail throughout the necessary

recording systems, which was pushed strongly by the provider. Medication was safely managed. Mandatory training and supervision were up to date. There were plenty of staff on duty who had been recruited in line with regulation.

Care planning was presented on the Person Centred Software (PCS) system. Some recommendations for improvement were made around mental capacity presentation, repositioning, fluid recording and the recording of emollient cream applications. These suggestions should be within the capabilities of the management team to resolve swiftly. A new care plan manager had been appointed for the region and was present during the inspection.

The team responded well to the inspection process and were keen to learn and to continuously improve. The home a pleasant place to spend the day, was in an excellent position for continued growth and should have a bright future.

# CQC Rating Guide

This is a ratings guide for this service on the basis of what was seen, heard, witnessed and experienced on the day of inspection. It is for guide purposes only. The methodology used for conducting the inspection and preparing the rating is discussed in more detail in a separate section at the end of the report:

| | Inadequate | Requires Improvement | Good | Outstanding |
|---|---|---|---|---|
| **Safe** | | | **X** | |
| **Effective** | | | **X** | |
| **Caring** | | | **X** | |
| **Responsive** | | | **X** | |
| **Well-Led** | | | **X** | |

**Overall: Good**

This was a comfortable 'Good' rating, albeit early in the home's life cycle. Tudor House was in a good position for continued growth and development.

# CQC Key Question - Safe

The following CQC quality statements apply to this key question:

- Learning culture
- Safe systems, pathways and transitions
- Safeguarding
- Involving people to manage risks
- Safe environments
- Safe and effective staffing
- Infection prevention and control
- Medicines optimisation

## Staffing Levels

The home is registered for a maximum of 66 older people, including some people living with dementia. There were 15 people in residence on the day of my visit, with all residents living on the ground floor.

The current staffing levels were as follows:

**Ground Floor** (15 people in residence)
(am) 1 deputy manager, 1 senior care assistant and 4 care assistants
(pm) 1 deputy manager, 1 senior care assistant and 4 care assistants
(night) 1 deputy manager, 1 senior care assistant and 1 care assistant

## Ancillary Staff

In addition to the care staff there was a kitchen staff team (a chef or sous chef and a kitchen assistant each day), maintenance manager, front of house manager, head housekeeper and domestic team (including dedicated laundry staff). There was a vacancy for a lifestyle manager. Hairdressing and chiropody services were contracted externally. The registered manager and the care manager were both supernumerary to the care staff. This was a good level of ancillary cover.

The staffing numbers were growing as the occupancy increased and the home was staffed to ensure that the occupancy could increase at a sensible rate. This meant there were more staff than currently required for the number of residents, but it was much better this way than being short of appropriate staffing cover as new people moved in. A regular dependency monitoring exercise was conducted regularly as one way of ensuring the staffing was sufficient.

From my observations during the day there were more than enough staff to care for the current resident group. There were many examples of staff having the time to speak with people, listen to them and engage with them in addition to completing personal care tasks. Both the management team and the care staff were of the view there were comfortably enough staff to provide a quality service at this stage.

**Staff Vacancies**

Staff recruitment had gone well so far and was continuing into the second phase of the home's development. There were already enough staff on the books to care for the people living in the home and the management team reported they had been afforded the luxury of being 'choosy' about who they took on.

Further staff had been appointed pending recruitment checks and these were two senior care assistants and one care assistant. The next vacancies to fill were the lifestyle manager post, one more senior care assistant and one care assistant.

No agency staff had ever been used.

**Staff Recruitment Information**

Recruitment information was stored securely on the computer system. The folders contained all of the information required by regulation and other information indicative of good and safe recruitment practice. Information seen included:

- Recent photographs
- Application forms with full employment histories
- Medical information to ensure people are fit to work
- Contracts & terms and conditions
- Suitable ID
- Suitable references
- Job descriptions
- Interview notes
- Training information
- DBS information

In the case of Staff Member 1 there were no certificates to evidence their stated NVQ qualifications to levels 2 and 3 in health and social care. This information is required by regulation.

**See Recommended Action 1.**

**Open Safeguarding Cases**
The manager advised there were no open safeguarding cases relating to the home and no complaints or other concerns sitting with local authorities or CQC.

**Medication Management**
Medication trolleys were kept in the secure medical room on the ground floor. There was another medical room on the first floor for when it opened. The medication systems were competently demonstrated by the deputy manager on duty. I found the systems to be safe and well-managed. Good practice included:

- Keys were kept by the senior member of staff in charge.
- Storage temperatures were monitored daily for both the medication room and the refrigerator. Records indicated that the storage temperatures were within safe ranges.
- Cleaning schedules were also regularly completed.
- The trolleys were tidy, well organised and attached to the wall when not in use.
- Medication was delivered regularly in original packaging – a non MDS approach.
- Bottles of liquid medication were dated upon opening.
- Controlled drugs were stored correctly and checked regularly.
- The staff wore 'Do Not Disturb' tabards when administering medication.
- Plastic pots and spoons used to administer medication were single use.
- PRN protocols contained sufficient person-centred information to enable consistent administration between staff.

The home used an electronic medication system (EMAR). The system prompted all prescribed medication administration and so it was not possible to 'forget' any medication or not sign for it. The key to demonstrating the system is being used correctly is to ensure the stock present in the boxes and packets matches exactly the amounts recorded on the computer system. I undertook ten random stock audits and all were correct.

**Premises Safety & Management**
The home was warm, spotlessly clean and well presented. No unpleasant odours were noted anywhere. Domestic staff worked safely with their cleaning materials. COSHH products were stored safely throughout the home, including in cupboards under the sinks in the lounge / dining rooms. Sluice rooms were kept locked with keypad locks.

**Laundry Room**
This room was spacious with both an 'In' and an 'Out' door. Soiled laundry was stored correctly and washed separately on a sluice wash. Dissolvable red bags were used for safe storage and laundering.

**Kitchen**
The home had received its first Environmental Health inspection. The kitchen was awarded a score of 5 – 'Very Good,' which is the highest score available.

Kitchen practices were not assessed further at this inspection.

# CQC Key Question - Effective

The following CQC quality statements apply to this key question:

- Assessing Needs
- Delivering evidence-based care and treatment
- How staff teams and services work together
- Supporting people to live healthier lives
- Monitoring and improving outcomes
- Consent to care and treatment

## Supervision & Appraisals

The provider used a system called Coolcare to monitor the frequency of supervision and appraisal meetings. The system showed all supervisions to be up to date, with the exception of one person who was off sick. Probationary reviews were also up to date. The home had not been open long enough for appraisals to be due. Minutes of supervision and probation meetings were kept on personnel files and were signed by both parties.

## Staff Feedback & Morale

The team gave a good account of themselves, presenting as a group of people with good values who were committed to the care of the residents. Comments included:

*“I’ve been working here a while now. It’s more structured and better organised than the last home I worked in. I’ve no concerns.’*
*“There’s a nice mix of experienced people and new staff learning for the first time. I would definitely put a member of my family here if it were necessary.”*
*“The management team are approachable and have been supportive.”*
*“I’m only new, but my first impressions are good. The residents seem really happy.”*

## Training

When new staff were appointed to work at the home they attended an induction course provided by Crystal Care that equipped them with the basic training to do their jobs. Updates would then be scheduled at sensible frequencies. Mandatory training compliance for the current staff group was at **85%**. The only reason it was not 100% was because several new starters had yet to complete their initial training. The manager commented that feedback from new staff on the quality of the training had all been positive.

**Mental Capacity - DoLS**

The management team had a good understanding of DoLS processes. DoLS applications are required for people who fall into all three of the following criteria:

a) those who lack capacity to consent to their care and treatment in the home due to dementia or severe illness;
b) those who are not free to leave the home as and when they please (i.e. staff would stop or divert them if they tried to);
c) those who need continuous monitoring (i.e. staff control all their medication, nutritional intake, activities etc).

3 DoLS applications had been submitted although none of them had yet been determined by the local supervisory body. The management team knew that CQC notifications were required when the DoLS applications were determined.

**Eating and Drinking**

I witnessed the lunchtime experience across the ground floor. This was well managed by the staff and a positive experience all round. Good practice included:

- Old-style background music was playing.
- Tables were nicely laid, with clear menus on display.
- People were given a choice of where to sit.
- Staff were wearing appropriate protective equipment in the form of washable aprons.
- Napkins and clothing protectors were available.
- People were given the opportunity to clean their hands before eating.
- Staff interacted with residents in a pleasant and helpful manner.
- Choices of different drinks were given to people, including wine.
- Choices of main courses were given to people by use of show plates. Plated-up alternatives are the best way of offering a meaningful choice to people living with dementia.
- Sauces were served separately.
- One-to-one assistance was given individually and from a seated position.
- Nobody was rushed with their meals.
- Feedback on the quality of the food from residents was all positive.

## Premises Presentation

### Entrance and Reception Area

The home had a bright and welcoming entrance and reception area, staffed by a helpful front of house manager. The manager's office was easily accessible at the side of the main reception. Information such as the home's registration certificate and the complaints policy were displayed prominently. There were freshly baked cakes and complimentary tea and coffee available.

The home did not as yet have a CQC rating, but this would be displayed after the first inspection.

### Design and Adaptation

The home was designed and purpose built for people who have mobility restrictions. All bedrooms had en-suite toilets and wet room showers. Full assisted bathing facilities were also available on each floor.

### Communal Rooms

The lounges and dining rooms were welcoming, clean and very nicely furnished. There were a variety of different lounges, garden rooms and dining rooms in the home, including a state-of-the-art cinema room. There was also a fully kitted out hairdressing salon. Snack and hydration stations were available.

### Bedrooms

The occupied bedrooms were nicely personalised with people's own belongings and photographs of their families. This enabled them to feel settled at the home. The bedrooms were fitted with smart televisions and refrigerators.

### Gardens

There were well kept and presented secure garden areas around the home, although these were not looked at in detail given that it was a cold, wet day.

# CQC Key Question - Caring

The following CQC quality statements apply to this key question:

- Kindness, compassion and dignity
- Treating people as individuals
- Independence, choice and control
- Responding to people's immediate needs
- Workforce wellbeing and enablement

**Residents**

An attentive and caring relationship between the staff and the residents was apparent everywhere. There was a cordial and helpful atmosphere across the ground floor and a sense of general satisfaction from both staff and residents. Staff were keen to do well and presented as proud of what they were doing.

Feedback from residents was warm, complimentary and grateful about their experiences of living at the home. This was encouraging given how new the home was. Quotes from residents included:

*"It's a beautiful place where they take care of your health. I was reluctant to come as I had to leave my home, but it's been a good move. The girls are lovely to me."*
*"I enjoy the flower arranging and the painting that we do and I like walking in the garden."*
*"It's like a hotel here. Staff are respectful and pleasant, they are the best thing about the place."*
*"The carers are smashing. They are kind and very competent."*
*"The lunches are lovely."*
*"I'm so relieved that I like it here. The staff are ten times better than the other home I was in. They do what they are supposed to do. There's no comparison."*
*"Oh, I'm treated so well. There's a nice, easy atmosphere here. The bedroom is nice and whatever you ask from them they do for you. I'm especially happy with the night staff and I consider them friends."*

Everyone living at the home had a good sense of wellbeing and nobody raised any concerns. The standard of personal care was outwardly high throughout the home. People were appropriately supported to be clean, well-presented and wearing properly fitting clothing.

**Visitors**
Visiting was able to take place unrestricted. Visitors were similarly complimentary about the staff and the service. Comments included:

- *"[My relative] has been here since July. I'd give them ten out of ten to be honest. It feels much safer than her last home and she's more stimulated. Staff give her time and are interested in her. I get invited to have lunch with her. I've also noticed that staff seem to stay here rather than leave all the time."*
- *"It's all been very positive. The team are responsive to issues. The food is good and the staff are a friendly bunch. No concerns at all."*
- *"It's like a 5-star hotel. I can't fault them."*
- *"The manager is really understanding. We're so lucky actually. It's so homely and we feel comfortable."*

The first 6 reviews on Carehome.co.uk were written in highly complimentary terms.

**Privacy and Dignity**
People were treated with dignity and respect throughout the day. Staff were observed to knock on doors prior to entering peoples' bedrooms. This indicated a respect for people's personal space. Continence products were stored discreetly. Staff were alert to peoples' needs and intervened without fuss when there was a risk of dignity being compromised. Call bells were left within reach of people when they were spending time alone in their bedrooms.

**Confidentiality**
Care plans were stored electronically and were password protected.

# CQC Key Question - Responsive

The following CQC quality statements apply to this key question:

- Person-centred care
- Care provision, integration and continuity
- Providing information
- Listening to and involving people
- Equity in access
- Equity in experiences and outcomes
- Planning for the future

## Care Plans

The care planning system being used was Person Centred Software, which is a well-respected computerised care planning package. Care plans were written following detailed assessments of people and covered the usual aspects of daily living and there were additional care plans in place for specific health conditions. There were clear summaries written on the first page.

Standard scoring systems were used to ensure that risks to people were identified and managed effectively. The system produced a list of required risk assessments that were completed for all. These included people's risk of developing pressure ulcers, risk of becoming malnourished (MUST & Waterlow) and moving and handling risk assessments. Care plans and risk assessments were regularly reviewed.

Care plans were mostly drafted in the first person. However, in Resident 1's 'daily life / lifestyle' care plan there was one section where the text switched to the third person and stated, *"[Name] is high risk of falls and has had a number of falls over recent months. [Name is unaware of **her** own mobility and can at time (sic) forget that **she** needs the assistance of one staff member due to poor posture and does not always no (sic) **her** own limitations."*

Resident 1 was male and the management team commented that he does not have poor posture. The sentence looked as though it was copied incorrectly from another care plan. The care plan had been reviewed two days before the inspection and the comment was made that the text remained relevant. This called into question the focus with which the text had been reviewed, as it was incorrect.

**See Recommended Actions 2 & 3.**

**Consent to Care and Treatment**
Mental capacity assessments (MCAs) were in place where there was a doubt about individual people's capacity to consent to various specific aspects of their care. Resident 2 had MCAs and best interest decision making records for the specific decisions of:

- Living at Tudor House.
- Consenting to personal care
- Consenting to take medication

In several of the MCAs, Section 3 (where the actual best interest decision was to be recorded) the best interest decision was not recorded clearly. It is important to record exactly what the best interest decision made is (i.e. how the person will be cared for) in circumstances where they lack the capacity to consent to a specific decision.

Some of the mental capacity care plans could also have been improved. Each MCA and specific best interest decision taken should be referenced and explained clearly in the care plan. Then the text can then move onto describing what the people are able to do and to consent to themselves and so their autonomy can be promoted in these areas.

Some statements written in the mental capacity care plans were incorrect. For example, Resident 1 had been assessed as having the capacity to consent to all of his care, but the care plan stated, *"I want staff to always act in my best interests when supporting me and improving my quality of life."* Staff would only act in a person's 'best interests' (in the legal understanding of the term) if that person lacked the capacity to consent to their care. Resident 2 lacked the capacity to consent to much of his care, yet his care plan stated, *"Staff to respect [Name]'s choices whether they be unwise decisions or not."* Again, this is not correct as staff would not respect an unwise decision if the person had been assessed as lacking the capacity to make it.

**See Recommended Actions 4 & 5.**

**Daily Care Records**
Staff were using the PCS system to record a variety of care interventions contemporaneously. For example, records of food eaten were diligently kept. There were three people on hydration watch, with different minimum fluid targets. On some

days staff had recorded that they had offered at least the person's minimum requirement, but on other days it had fallen below. This may indicate that some staff are better at recording than others. This should be monitored on a daily basis.

Resident 1 – (1,500 mls target) – Last few days' records: **1210**, 1610, **900**, 2080, **200**, **400**, **560**.
Resident 3 – (1,300 mls target) – Last few days' records: 1350, 1460, **950,** 2150, 1430, **770, 920**.
Resident 4 – (1,400 mls target) – Last few days' records: 2910, 1950, 1540, 2750, **400, 640.**

**See Recommended Action 6.**

Resident 1 required repositioning 4-hourly when in bed to try to protect his skin integrity. Records showed he was regularly repositioned around midnight and at about 4am every morning. However, he often did not get up until 10am or 11am and there were no records of him being repositioned at around 8am. This meant there were regular 6 or 7 hour gaps between repositioning events when he was in bed.

**See Recommended Action 7.**

The management team advised that care staff would apply emollient creams to people as required and then record the care intervention on PCS. It had been identified that these records needed to be improved. Not all of the emollient creams being applied in the home had been entered onto PCS system. Some of the application directions that had been transferred needed more information.

For example, Resident 4 had instructions to apply, *"Menthol 1% aqueous cream thin layer to dry or itchy skin."* The instruction did not say how often this was to be done. Resident 5 had instructions to apply, *"Small pea sized amount of Medi Derma barrier cream to pressure areas thinly."* The instruction did not say how often the cream should be applied or exactly where the pressure areas were.

**See Recommended Action 8.**

Resident 5's personal care plan stated, *"Please ask if I would like a wash, bath or shower."* There was only one record on PCS of either a bath or shower in the past 28 days and only one record in the care notes of a bath being offered and it being refused. It is important to be clear about how often the person is likely to want a bath or shower, ensure the care plan instructions to staff are clear and that staff make accurate records of when baths/showers are offered and given.

**See Recommended Action 9.**

**Activities Arrangements**

The team had not yet been successful in recruiting a lifestyle manager for the home and efforts were ongoing. Specific care staff were allocated responsibilities for arranging activities on each shift.

There were several enjoyable activities taking place during the inspection day. There was an aerobics session in the afternoon that people were appreciating and a ball game//. One person was happy watching Mary Poppins in the home's cinema room during the morning. Activities advertised for the week included board games, quizzes, a race afternoon, arts and crafts, garden walks, newspaper reading, flower arranging, bread making and film evenings.

Relatives commented that there had been fun trips organised to local museums and cafes. A wall display suggested good community links with a local Baptist church, Age UK and local paramedics.

# CQC Key Question – Well Led

The following CQC quality statements apply to this key question:

- Shared direction and culture
- Capable, compassionate and inclusive leaders
- Freedom to speak up
- Workforce equality, diversity and inclusion
- Governance, management and sustainability
- Partnerships and communities
- Learning, improvement and innovation
- Environmental sustainability – sustainable development

## Registered Manager

Amanda Hawley was registered as manager with CQC.

## CQC Rating

The home was newly opened, had yet to be inspected by CQC and was unrated.

## Management Governance

A robust internal auditing system was in place, as designated by the provider. The auditing system was robust and covered a wide range of key areas and had proved successful in other LNT-backed organisations. The sheer amount and depth of the auditing gave confidence the home was well run. Actions identified through the audits were placed on a home action plan. The management team together demonstrated the auditing system effectively.

Audits for December 2025 included:

- Pressure ulcer audits
- Moisture lesions monitoring
- Bed rails
- Wounds lists
- Weights and weight loss management audit
- Infections and trend analysis
- CQC notifications
- DoLS review
- Duty of candour letters

- Complaints
- Equipment log
- Hoists and slings audit
- Safeguarding review
- Covid19 log
- Care plans (10%)
- Maintenance audit
- Catering audit
- Dining experience audit
- Medication audits
- Fire safety audit
- Fire drills (day and night)
- First aid box audit
- First impressions audit
- Lifestyle audit
- Mattress audit
- Night visit audit
- Pressure cushion audit
- Accidents and incidents review, with graphical and trend analysis
- Dependency monitoring
- Call bell response time audit (affected slightly by the Covid19 outbreak)

**Provider Oversight**

The management team said they had been supported by Crystal Care's senior management. The regional manager was present throughout the inspection and a newly appointed care plan manager for the region was also in the home.

**Management and Leadership Observations.**

The home had been well managed so far by a cohesive, friendly and proactive management team who were keen to do well. This desire was also present throughout the staff team and was palpable during the day. The key area for a bit of focus and clarity was around certain aspects of the care planning and daily recording.

Crystal Care is a new provider, with an ambitious growth plan for many newly constructed residential homes for older people across the country. The directors and senior staff are experienced operators with much experience of building, growing,

owning and operating high quality care services. The management systems in place for governance, regulatory compliance and culture are strong and are a hybrid of the best bits of management systems taken from several different successful organisations both past and present. The company's growth plan will only succeed if management teams adhere closely to the tried and tested methods in place.

## Required and Recommended Actions

The following list consists of matters picked up during the inspection process that would be either in breach of regulation, arguably in breach of regulation, issues that CQC inspectors commonly criticise if not seen as correctly implemented and general good practice suggestions.

The regulations in question are the HSCA 2008 (Regulated Activities) Regulations 2014, The Care Quality Commission Registration Regulations 2009 and The Mental Capacity Act 2005. There are other regulations that can be relevant, but these ones cover the vast majority of issues to consider

| | |
|---|---|
| 1 | Please obtain Staff Member 1's certificates to for her NVQ level 2 and 3 qualifications. |
| 2 | Please correct the text in Resident 1's daily life care plan, as quoted in the main body of the report. |
| 3 | Please ensure senior staff read care plans carefully when reviewing them and make the necessary corrections and adjustments. |
| 4 | Please ensure actual best interest decisions are clearly stated in Section 3 of the best interest decision making records. |
| 5 | Please correct the incorrect statements in the mental capacity care plans of Residents 1 and 2. |
| 6 | Please ensure staff offer minimum daily fluid target amounts to people on hydration watch and record this on PCS. |
| 7 | Please ensure Resident 1 is repositioned 4-hourly when in bed (as stated in the care plan) and ensure that staff record this activity accurately on the PCS system. |

| | |
|---|---|
| 8 | Please ensure all emollient creams are recorded on PCS, with the application directions stating the specific cream, when to apply and the required frequency of application in each case. |
| 9 | Please clarify how often Resident 5 is likely to want / need a bath or shower. Ensure the care plan instructions are clear and that staff record when baths / showers are given. |

## Inspection Methodology

The inspection took place over one full day on site at the home. Evidence was obtained in the following forms:

- Observations of care and staff interactions with residents.
- Observations of general living and activities.
- Discussions with people who lived at the home.
- Discussions with staff who worked at the home, including management staff.
- Inspection of the internal and external environment.
- Inspection of live contemporaneous care records.
- Inspection of live contemporaneous management records.
- Inspection of medication management systems.

The main inspection focus was against compliance with the following regulations:

- HSCA 2008 (Regulated Activities) Regulations 2014.
- The Care Quality Commission Registration Regulations 2009.
- The Mental Capacity Act 2005.

Full account is also taken of the following key guidance, although this list is not designed to be exhaustive:

- CQC's recently published Single Assessment Framework (SAF) and its associated Quality Statements.
- The recently retired Key Lines of Enquiry (KLOEs), as these were always a good technical guide for what appropriate quality care looks like.
- NICE guidelines on decision making and mental capacity.
- NICE guidelines on medication management.
- A whole variety of CQC's clarification documents from over the years.
- RIDDOR guidance on reporting injuries and dangerous occurrences.

The ratings awarded for each key question are professional judgements based on over 25 years' experience of inspecting and rating care services. I believe the most meaningful rating is a 'description,' not a 'score.' It is a 'narrative judgement,' not a 'numerical calculation.' This inspection does not attempt to mimic CQC's current complex scoring system.

# Introduction to Author

**Simon Cavadino**
Simon has worked in the provision, management and regulation of social care and healthcare services for over 25 years. He currently works with a range of different care provider organisations, offering advice on the Health and Social Care Act (2008) and its accompanying regulations. He is able to undertake detailed compliance advice work and/or senior-level management advice and coaching. Simon trades under the banner of The Woodberry Partnership.

During his career Simon has worked as an inspector for the Commission for Social Care Inspection (CSCI) and for the Care Quality Commission (CQC). He has undertaken detailed inspection, registration and enforcement work during his two spells working for the national regulator.

Simon has also worked for care provider organisations in both the private and voluntary sectors, achieving high quality services wherever he has worked. His most notable career achievement was as Director of Operations for a private sector provider, where he commissioned, built, opened and ran 25 sought-after care services for adults with a learning disability over a period of 8 years.

www.woodberrypartnership.co.uk

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