THE WOODBERRY PARTNERSHIP

INSPECTION REPORT

COLLINGTON PARK LODGE

CQC RATING GUIDE: '**GOOD**'

Privately Commissioned Inspection for

Collington Park Lodge

Conducted by:

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Date of Inspection:

30th September 2025

Contents

Executive Summary

Oyster Care's stated aim is to offer care and support that focuses on resident well-being and quality of life. This is being built and delivered in a series of new purpose-built care homes across the south of England. As part of Oyster'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 **Collington Park Lodge.** Collington Park Lodge is a new purpose-built residential care home for older people including people living with dementia, located in Bexhill-on-Sea, East Sussex. The home's facilities are excellent and the environment is amongst the most impressive in the residential care market. The home opened in April 2025 and there were 20 people in residence, which was a good occupancy level at this point in the home's development. This was my first visit to the home.

The findings of this inspection were positive and were indicative of a good start. The management team and the staff group presented the service well and gave a cheerful and competent account of themselves. Residents were complimentary about the care provided and did not raise any concerns. The staff on duty worked hard a kind and caring culture was in evidence. Staff spoke highly of the management team and of each other. The atmosphere was calm, happy and relaxed throughout the home.

The home's environment was warm, clean and beautifully presented. Personal care was of a high standard, backed up by good daily care records. The lunchtime dining experience was well managed.

Regulatory compliance and governance systems were strong and were quickly becoming embedded. The management team demonstrated a good eye for detail at this early stage. Care planning and daily record-keeping was of a good standard. Medication systems were safely managed. Mandatory staff training and supervision were up to date. Staffing levels were appropriate, with staff recruited in line with regulation. The home was in a good position for continued growth.

There was one situation where a person was pushed in their wheelchair in an unsafe way, as their feet were not resting on the footplates. Other recommendations were only minor and routine suggestions for desirable improvements. They were not matters that were indicative of any serious deficiency.

The team responded constructively to the inspection process and were keen to learn and to continuously improve. This first inspection augured well for a successful future for Collington Park Lodge.

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 solid ‘Good’ rating at this early stage.

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 20 people in residence on the day of my visit, which represented a good start at this stage. The home was laid out over three floors, although only the ground and first floors were open.

Staffing levels were as follows:

(am) 1 deputy manager, 1 senior care assistant and 3 care assistants
(pm) 1 deputy manager, 1 senior care assistant and 3 care assistants

At night there were a minimum of three staff on duty, usually a deputy manager, a senior care assistant and a care assistant. Sometimes there were four night staff on duty, as the team was increasing ready for the home to take more residents.

Ancillary Staff

In addition to the care staff there was a kitchen staff team, maintenance manager, front of house manager, head housekeeper and domestic team (including dedicated laundry staff). There would also be a lifestyle manager and lifestyle assistant once recruited. Hairdressing, chiropody and some additional gardening support was contracted externally.

The team was managed by the manager (supernumerary) and a care manager (also supernumerary). This was a good level of ancillary staff for a home of this size.

Staff Vacancies
The manager advised that recruitment was on track and there were sufficient staff to cover the staffing rosters for the current resident numbers. No agency staffing cover had been necessary since the home opened.

A lifestyle assistant and a kitchen assistant had been appointed pending necessary recruitment checks. In order to complete phase two of the recruitment plan the team needed to identify a further two care assistants, one senior care assistant, one sous chef and a lifestyle manager.

From my observations during the day there were plenty of staff to care for the current resident group. Staff on duty agreed this was the case and the management team were also happy with the staffing resources. The management team undertook a regular dependency monitoring exercise as one way of ensuring the staffing was sufficient, as well as their own observations and input from care staff.

Staff Recruitment files
I looked at the recruitment information for several staff recently recruited to the home. The personnel files were stored securely on the Coolcare system, were well put together and 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
- 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

Open Safeguarding Cases
There were no open safeguarding cases relating to the home. The manager was intending to make the safeguarding team aware of a minor incident that had occurred over the weekend, although was not expecting it to be escalated to investigation stage.

Medication Management
The medication trolleys were kept in secure medical rooms on each open floor. At this inspection I audited the medical room on the ground floor. The medication systems were demonstrated capably by the care manager. I found the systems to be safe and well managed.

Good practice included:

- Keys were kept by the senior member of staff in charge.
- Plastic and paper pots to assist with administration were single-use.
- Storage temperatures were monitored daily for both the medication room and the refrigerator. Records indicated that the storage temperatures were within safe ranges.
- Specified room cleaning schedules were completed daily.
- The trolley was tidy and well organised and attached to the wall when not in use.
- Medication was delivered regularly in original packaging – a non MDS approach.
- Storage facilities for controlled drugs were in place, with a random stock audit showing correct stock levels.
- The staff wore ‘Do Not Disturb’ tabards when administering medication.
- PRN protocols were well written and accessible on the system, containing sufficient person-centred information to enable consistent administration.

The home used an electronic medication system (EMAR). The EMAR system involved scanning the medication boxes prior to administration and the system generated a MAR chart. 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. The home was appropriately maintained with a full programme of regular maintenance checks undertaken by the maintenance manager.

COSHH products were stored safely throughout the home, including in cupboards under the sinks in the lounge / dining rooms. Domestic staff worked safely with their cleaning materials. Sluice rooms were kept locked with keypad locks.

Laundry Room
This room was spacious with both an 'In' and an 'Out' door. It was clear that 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 visit, achieving a score of 5 – 'Very Good,' which is the highest score available.

Kitchen practices were not assessed further at this visit.

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 and probationary reviews were 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 spoken with said they had enjoyed working at the home so far and praised the training and support. Staff were chatty, open and enthusiastic about their work. Several staff compared the home favourably with other care services they had worked in.

One staff member said, *"It's the first job I've had in a while where I look forward to coming to work."* Another member of the team said, *"Working here has been really good for me. It's a lovely staff team and the manager has supported me personally as well as professionally. I can't speak highly enough of the place."* Another person said, *"I worked with the manager before at her last home. I had to try to find out where she was working so I could apply here."*

Training

When new staff were appointed to work at the home they attended an induction course provided by Oyster Care Homes that equipped them with the basic training to do their jobs. The face-to-face training was undertaken by a regional training manager. Updates would then be scheduled at sensible frequencies.

The compliance level for mandatory training according to Coolcare was at **94%**, which represented a good compliance level.

Mental Capacity - DoLS

The management team demonstrated 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).

5 DoLS applications had been submitted, with one determined (approved) recently. A CQC notification had been submitted as required. DoLS information was presented and monitored on a spreadsheet as part of the monthly governance systems.

Eating and Drinking

I witnessed the lunchtime experience in the ground floor dining room. This was a a positive experience. One recommendation was made for future consideration. Good practice included:

- Classical music was playing in the background.
- People were given a choice of where to sit.
- Tables were nicely laid, with well-presented menus on display.
- Staff were wearing appropriate protective equipment in the form of washable aprons.
- Napkins and clothing protectors were available.
- Staff interacted with residents in a pleasant and relaxed manner.
- Choices of different drinks were given to people.
- The food served was nicely presented.
- Second helpings were offered to make sure people had eaten as much as they wanted to.
- Plenty of staff were around to assist as necessary.
- Nobody was rushed with their meals.

Choices of main courses were made the day before. As some of the people were living with dementia they may have forgotten the choices they made or may not have

been able to understand the choices especially well. The team might like to consider using the strategy of 'show plates.' This is when two plates of food with the different choices are presented to each resident 'in the moment.' Residents can then see, smell or even taste the food. This is the best way of offering the most meaningful choice of meals to people living with dementia.

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See Recommended Action 1.

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. Corridors were spacious with hand-rails all the way along.

Communal Rooms

The lounges and dining rooms were welcoming, clean and very nicely furnished. There were a variety of different lounges and dining rooms in the home, including a state-of-the-art cinema room, library, tea room and sky bar. There was also a fully kitted out hairdressing salon. There was a secure accessible balcony on the first floor.

Snack and hydration stations were available on both open floors.

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.

Garden

The secure gardens around the home were well kept and presented. Some of the ground floor rooms had areas outside their patio doors for individual people to sit and enjoy nice weather.

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

A cheerful, yet respectful relationship between the staff and the residents was observed throughout. There was a calm, caring and relaxed atmosphere and a sense of general satisfaction from both staff and residents. There was plenty of laughter evident. 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:

"I think the staff are very caring and nice and kind."
"It was a relief to get back here from hospital."
"The food is wonderful here."
"I have no complaints. I can't fault it."
"I've been looked after very well so far and I'm happy."
"It's tip top here."
"I'm a vegetarian. I had to have a word about some of the food but, to be fair, the last three days' meals have been excellent. So I think they've responded."
"The carers are great."
"They are all extremely nice and I couldn't ask for more."
"I'm very lucky to have found somewhere as good as this."
"I'm only here for a short stay, but objectively it's a good place. I've found it useful and interesting."
"I've got no worries here. I can live in a way that nothing bothers me."

Everyone living at the home presented as having a good sense of wellbeing. The standard of personal care was high throughout the home. People were supported to be clean, well-presented and wearing properly fitting clothing.

Visitors
Visiting was able to take place unrestricted. Feedback from visitors was similarly positive. One person said, *"It seems nice here, better than quite a few others we looked at. It's a spacious building and there are friendly staff."*

The first eleven reviews written on Carehome.co.uk were written in highly complimentary terms and averaged a score of 9.8 out of 10. This indicated a high level of satisfaction from everyone who used that website to provide feedback.

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. Call bells were left within peoples' reach when they spent time alone in their bedrooms and were answered swiftly. Continence products were stored discreetly.

Wheelchair Footplates
Resident 1 was moved in his wheelchair by a staff member in an unsafe way. Resident 1 was able to propel himself short distances and his feet extended well over the end of the wheelchair footplates. A staff member was assisting him to the table for lunch and asked him, *"Can you pick your feet up?"* Then he was pushed with his feet extending over the ends of the footplates. There was nothing written in the care plan about this being an agreed manoeuvre.

This could have led to significant foot, ankle or leg injuries if the person had dropped his legs during transportation. If the person is being propelled by staff then his feet must be safely on the wheelchair footplates.

See Recommended Action 2.

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. There were examples of short-term care plans written when specific issues occurred. Care plans were written in a person-centred way and drafted in the first person. There were informative summaries of the key aspects of each person's care written on the opening 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, including as part of the monthly 'resident of the day' process.

Resident 2's personal care plan stated, *"I like having a wash but staff need to offer me a shower or a bath."* The care plan was not clear about how often staff needed to make the offer. The daily care records indicated that the person had not been supported to have a bath or shower in over 4 weeks. The management team confirmed that it was not usually possible to persuade the person to have a bath or shower. Resident 2's personal care plan needed to be reviewed and updated with accurate instructions to staff on how they should care for the person in relation to her bath and shower requirements.

See Recommended Action 3.

Consent to Care and Treatment

Resident 1 had a mental capacity assessment (MCA) written for whether he could consent to 24-hour care in a locked home. A best interest decision had been written following the MCA. There was also an MCA in place for whether the person could consent to the use of sensor monitoring equipment.

Resident 4 also had an MCA written for whether he could consent to 24-hour care in a locked home. A best interest decision had been written following the MCA. However, other than the one additional matter of Resident 1's sensor mat, there were no other MCAs in place for other important decisions. Best practice would be for a series of decision-specific MCAs to be considered where there is a doubt about a person's capacity to consent to matters that may result in their lives being restricted for their safety and wellbeing. In summary, as a minimum, the following key decisions should be considered where relevant:

- Can the person consent to their living arrangements? Do they understand they are living at Collington Park Lodge and why? Do they understand there is a lock on the door?
- Can they consent to the use of sensor monitoring equipment?
- Can they consent to the use of bed rails?
- Can they consent to taking their medication?
- Can they consent to any form of restraint (such as wheelchair straps for transportation)?
- Can they consent to their personal care, especially if the personal care sometimes requires intervention to keep them safe against their momentary will?
- Can they consent to restrictive diets (e.g. soft diets recommended by SALT teams)?
- Can they consent to annual 'flu jabs?
- Can they consent to Covid19 vaccinations?

This list is not necessarily exhaustive and the management team will need to stay alert that there could be other situations where people might be deprived of their liberty through best-interest decision making.

See Recommended Action 4.

The mental capacity care plan for Resident 1 was drafted in vague terms. All of the MCAs and best interest decisions reached should be addressed individually in the care plan. Then the care plan should move on to discuss what aspects of life the person is able to consent to and so these things can be encouraged and promoted. This was discussed at length with the manager.

See Recommended Action 5.

Daily Care Records

Daily care records were kept diligently by staff. Records were available for monitoring peoples' fluid intake and food intake. There were hygiene charts to record personal care given and repositioning charts for people who required regular turning. Applications of emollient creams were recorded on the PCS system and could be produced and presented as topical MAR (TMAR charts). All of these areas of practice were well evidenced.

Activities Arrangements

There was an external singer performing during the morning, which was enjoyed by several of the residents. Old 'Morecambe and Wise' re-runs were on the television during the morning on the ground floor. A pony was brought to the home to visit during the afternoon, which went down well with several people.

The management team knew that one of the next key departments to get up and running was the lifestyle team. An assistant had been identified and was awaiting a start date pending recruitment checks. The lifestyle manager had yet to be identified. For now, the management team identified which member of staff would be responsible for the activities each day.

Activities advertised included pampering sessions, film evenings, crochet and natter sessions, baking activities, various games, choir and sing-a-long sessions, seated exercises, strolls in the garden, clay modelling sessions and much more. The manager had produced a pictorial version of the advertisement in an effort to be more accessible to people who struggled with reading.

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

CQC Notifications & Duty of Candour

CQC notifications had been made appropriately and were kept on file.

There was one duty of candour letter that was necessary relating to a recent incident with Resident 4, who had a suspected fractured rib.

See Recommended Action 6.

Registered Manager

The manager, Bianca Wilson, had been registered as part of the home's originating application to CQC.

CQC Rating

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

Management Audits

A robust internal auditing system was in place, as was the case throughout Oyster Care's homes. The auditing system covered a wide range of key areas. 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 governance work for September 2025 was capably demonstrated by the care manager and included:

- Care plan audits (at least 10%)
- Catering audit
- Medication audits (various)
- Dining experience audit
- Fire safety audit
- Grab bag audit
- First aid box audit
- First impressions audit
- Unannounced night visit audit
- Mattress audit
- Lifestyle audit
- Pressure cushion audit
- Infection control audit
- Daily meetings (10 at 10, clinical oversight, walkarounds etc – all recorded)
- Weekly home overview
- Pressure ulcer audit
- Moisture lesion audit
- Wounds audit
- Bed rails (none)
- Weights and weight loss management review
- Infections review
- CQC notifications review
- DoLS review
- Safeguarding review
- Complaints review (none)
- Hoist and slings audit
- Health and safety audit and fire drill
- Maintenance checks
- Dependency monitoring tool
- Call bell response time audit (good results so far)
- Accident and incident log, with trend and graphical analysis
- Falls summary document
- Distressed behaviour tracker

Every day there was a resident of the day process. The governance work was monitored both by the management team and by senior management staff of Oyster Care. The governance systems for the home were early in their implementation, but were being embedded effectively.

Management and Leadership Observations.
The manager was experienced in the role and demonstrated clear values and expectations. The care manager was also experienced and the two management figures appeared to gel well together and have complementary skills and preferences. All staff spoken with were positive about the support they had received so far from the management team.

The atmosphere throughout the home indicated a relaxed and cheerful, yet purposeful management style. Residents were complimentary about the care provided and did not raise any concerns. Regulatory compliance and governance systems were strong and the managers demonstrated a keen eye for detail. The home was in a good position for continued growth.

The manager and the team responded constructively to the inspection process and were keen to learn and to continuously improve. It was still early days, but this first inspection augured well for a successful future for Collington Park Lodge.

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 consider the use of 'show plates' to give people living with dementia the most meaningful choice of meals.
2	Please ensure that all staff know never to push people in wheelchairs without their feet being safely placed on the footplates.
3	Please review Resident 2's personal care plan in relation to her bath and shower support requirements.
4	Please consider expanding the number of decision-specific MCAs undertaken for people where there is a doubt about their capacity to consent to key decisions.
5	Please update the mental capacity care plans (for example Resident 1) to include all information as explained in the main body of the text.
6	Please prepare a duty of candour letter relating to the recent incident with Resident 4.

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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