THE WOODBERRY PARTNERSHIP

INSPECTION REPORT

DALE BROOK

CQC RATING GUIDE: **'GOOD'**

Privately Commissioned Inspection for

Dale Brook

Conducted by:

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Date of Inspection:

10th March 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 **Dale Brook.** Dale Brook is a new purpose-built residential care home for older people including people living with dementia, located in Clay Cross, Derbyshire. The home's facilities are excellent and the environment is amongst the most impressive in the residential care market. The home opened recently in August 2025 and there were 17 people in residence.

There had been a solid start to life at Dale Brook and there were many good things to report. The manager and the staff team presented the service well. Residents were complimentary about the care provided. The atmosphere was happy, relaxed and cheerful throughout. It was clear that a kind and caring culture had been embedded early. The home's environment was clean and beautifully presented.

The staff on duty worked hard and spoke positively about the team ethic that existed with their new colleagues. Staff spoke appreciatively of the support they had received in their roles. The lunchtime dining experience was well managed. Personal care was of a high standard, backed up by good daily care records. Meaningful activities were taking place and there was good early evidence of some community engagement and there were several good ideas for the future.

Regulatory compliance and governance systems were strong with clear expectations from the provider organisation. Medication systems were mostly well managed. Staffing levels were appropriate, with staff recruited in line with regulation. Further care staff had been identified and were awaiting start dates once the regulatory checks had been completed.

Care planning was mostly of a good standard, although some suggestions were made for further improvement. There were inaccuracies and contradictions noted between some of the mental capacity assessments and their corresponding mental capacity care plans. One DoLS application had been made that needed to be withdrawn and another DoLS application had not been made as required. There were unexplained stock anomalies with two medicines. A recommendation was made to improve the day-to-day recording of applications of emollient creams. Staff supervision had fallen behind, as had the management of probationary reviews.

The regional director was present throughout the inspection and had been closely involved with the home over the past couple of months. The management team responded constructively to the inspection process and were keen to ensure continuous improvement. The home was in a good position to grow and this first inspection augured well for a successful future for Dale Brook.

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 'Good' guide rating was deserved, although it will be important to attend to the recommended actions in this report to solidify the rating still further.

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 17 people in residence on the day of my visit, although two were in hospital. The home was laid out over three floors, although only the ground and first floors were open at the time of the inspection.

The following staffing levels were provided on the inspection day:

Ground Floor (16 people in residence)
(am) 1 unit manager, 1 senior care assistant and 3 care assistants
(pm) 1 unit manager, 1 senior care assistant and 3 care assistants
(night) 1 unit manager, 1 senior care assistant and 1 care assistant

First Floor (1 person in residence)
Staffed from the ground floor.

Some of the early staff came in to work at 7am and some staff who worked the late shift stayed until 10pm. These care staff assisted the night staff at the beginning and end of their shifts with people who required support getting up in the morning and going to bed in the evening.

Ancillary Staff

In addition to the care staff there was a lifestyle manager and a lifestyle assistant whose hours covered all seven days of the week. There was a kitchen staff team (chef or sous chef and kitchen assistant each day), maintenance manager, customer

relations manager, administrator, head housekeeper and domestic team (including dedicated laundry staff). Hairdressing and chiropody services were contracted externally.

The team was managed by the registered manager who was supernumerary to the care team. There was a vacancy for a care manager (also supernumerary) following a recent resignation. This was a good level of ancillary staff for a home of this size.

Staff Vacancies

There were three staff who had been appointed pending necessary recruitment checks and these were a bank care assistant, a full-time care assistant and a senior care assistant. Five or six further care staff would be recruited in the fulness of time to complete the staffing phase. It had not been necessary to use any agency staff.

A formal dependency monitoring exercise was completed on a regular basis. The strategy was to ensure the home was staffed at levels higher than the 'minimum safe' to allow the occupancy numbers to increase at a sensible rate. From my observations during the day there were plenty of staff to care for the current resident group. Staff agreed this was the case.

Staff Recruitment Information

I looked at the recruitment information for several staff recently recruited to the home. The files were stored securely, 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 & ID
- Full employment histories
- Medical information to ensure people are fit to work
- Contracts & terms and conditions
- Evidence of previously obtained qualifications
- Suitable references
- Job descriptions
- Interview notes
- Training information
- DBS information

Open Safeguarding Cases
The management team explained two open safeguarding cases. One had been raised by the management team and referred to a concern about a family member of one of the residents. The other related to the circumstances around a recent serious injury following a fall. All information had been provided to the local safeguarding team as necessary.

Medication Management
The medication trolley was kept in a secure medical room on the ground floor. There were further medical rooms on the upper floors for use when the floors were meaningfully open. The medication systems were demonstrated capably by one of the unit managers. Good practice included:

- Keys were kept by the senior member of staff in charge. The unit manager had a good attitude towards the safety and security of medication storage.
- Storage temperatures were monitored daily for both the medication room and the refrigerator. The team were considering going back to paper for this.
- Specified room cleaning schedules were completed daily.
- The trolley was tidy and well organised.
- Medication was delivered regularly in original packaging – a non MDS approach.
- Storage facilities for controlled drugs were in place and a random stock check indicated correct stock levels.
- The staff wore 'Do Not Disturb' tabards when administering medication.

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. Eight were correct and two were incorrect. The incorrect ones were:

- Resident 1 – Atorvastatin 80mg – 28 in stock, 27 recorded on the system.
- Resident 2 – Bisoprolol 1.25mg – 19 in stock, 20 recorded on the system.

See Recommended Action 1.

PRN Protocols

PRN protocols were in place for 'as required' medicines. While they contained quite a lot of useful information, more detail was required to ensure they were not generic. For example, Resident 2's PRN protocol for Macrogol would benefit from stating that the person had the capacity to consent to taking his medication, had a good understanding of when Macrogol was required and he was able to inform staff when he needed it.

The following is added for additional guidance:

When medicine is prescribed a definite number of times per day, the staff member administering merely has to follow the instructions. When medicine is prescribed on a PRN or 'as required' basis, the staff member administering has to make a decision as to whether to administer or not. The factors to consider in making that decision will be different for every individual case. To ensure safety and consistency staff need clear PRN protocols to assist them in that decision-making. The PRN protocols must refer to individual circumstances in every case:

- Does the person have capacity to consent to their medication? If not, how would staff know when to administer? How would this be established?
- If it is pain medication, where do they normally have pain, it is localised, is it general, can they tell you etc?
- If medicine is to regulate bowel functioning, details of what is normal or abnormal for the person are required.
- Where dosage directions were variable (e.g. take 1 or 2 tablets up to 4 times per day), information needs to be clear as to when the different amounts should be administered.
- Where medication is prescribed for 'agitation' there needs to be a clear protocol as to how the agitation manifests itself and in what circumstances different amounts of medicine are to be given.

A good rule of thumb is that a competent agency staff member should be able to give all PRN medicines safely and correctly to people without having to ask anyone for clarification or refer to any other documentation. This would be the case because of the clarity of the PRN protocol in place.

See Recommended Action 2.

Premises Safety & Management
The home was warm, spotlessly clean and well presented. No unpleasant odours were noted anywhere. Sluice rooms were kept locked with keypad locks. A full programme of maintenance checks were in place.

The first floor had been opened to residents and, while admittedly only one resident with full capacity lived on the floor, there were two cupboards containing COSHH products that were left unlocked (under the sink in the kitchenette of the café/bar and under the sink in the kitchen in the main lounge). It is important to get into good habits early and these items must be kept locked away at all times. Domestic staff worked safely with their cleaning materials.

In one of the communal bathrooms a call bell rope had been placed on the back of the cistern and did not extend to the floor. This meant it would not be accessible to somebody who had fallen.

See Recommended Actions 3 & 4.

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 kitchen team stated they had all the equipment they needed to do their jobs effectively. They were awaiting their first environmental health 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 home employed 36 staff. The provider used a system called Coolcare to monitor the frequency of supervision and appraisal meetings. The system showed that several supervisions and most of the probationary reviews that were due had fallen behind. There were also some medication competency sessions that were outstanding. This was partly due to the departure of the home's care manager, but the situation needed to be resolved.

The home had not been open long enough for appraisals to be due. Minutes of supervision and probation meetings that had been completed were kept on personnel files and were signed by both parties.

See Recommended Action 5.

Staff Feedback – Morale

Staff spoken with indicated they felt well supported and had enjoyed working at the home so far. One staff member said, *"I think the residents are happy and so it's a nice place to be working. The other staff are nice; they are good colleagues."* Another staff member said, *"There's not been a point so far where I've felt I can't approach the manager for help. I've got no concerns. It's a nice group and everyone seems to be fitting in well."* Nobody raised any concerns.

Training

When new staff were appointed to work at the home they attended an induction course provided by Crystal Care Homes that equipped them with the basic training to do their jobs. Updates would then be scheduled at sensible frequencies.

The current percentage compliance was **97%**, which represented a good start. A new national training manager had started recently and was working on the presentation and the accuracy of the statistical information available.

Mental Capacity - DoLS

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).

One DoLS application had been submitted to the local supervisory body, for Resident 3. On further investigation this person had been assessed as having capacity to consent to her care and the application should be withdrawn. Resident 4 had been assessed as lacking capacity to consent to her care at the home. A DoLS application had not been submitted and was required. (For a more detailed explanation of these cases and how the DoLS applications related to care plans, see 'Responsive' section).

The management team were aware of the need to submit CQC notifications when the DoLS applications were determined.

See Recommended Action 6.

Eating and Drinking

I witnessed the lunchtime experience in the ground floor dining room. This was a well-managed and positive experience. Good practice included:

- Appropriate background music was playing.
- People were given a choice of where to sit.
- Tables were nicely laid, with well-presented menus on display.
- People were given the opportunity to sanitise their hands before eating.

- 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. Despite being a little nervous during the first inspection of the home, there was plenty of laughter and a bit of singing from the staff team.
- Choices of different drinks were given to people.
- Choices of main courses were given to people in a suitable manner to give them meaningful choice. There was soup and a roll, two full 'light-bite' savoury courses and a dessert. The main meal was served in the evening.
- Plenty of staff were around to assist as necessary, including the chef who helped with the serving out and had a good rapport with the residents.
- Nobody was rushed with their meals.

Premises Presentation
Entrance and Reception Area
The home had a bright and welcoming entrance and reception area, staffed by a friendly and helpful customer relations 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 and had grab rails on both sides.

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, café, games room, garden room and bar.

There was also a fully kitted out hairdressing salon. There was a secure balcony on the first floor where people could sit out in a secure environment and enjoy the nice weather. Snack and hydration stations were available on the ground floor.

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 home was surrounded by pleasant, secure and well-kept garden areas.

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, caring and respectful relationship between the staff and the residents was observed throughout. There was a calm atmosphere across both floors and a sense of general satisfaction from both staff and residents. 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'd say all the things they do here are good."
"I'm half-blind and they are very understanding."
"The staff are all very pleasant and the food is very nice."
"I'm certainly happy enough here. It's a nice place."
"We've come here for a break and it's been very good so far. We're looked after and it's nice not to have to cook and clean."
"I can have my family here whenever they want to come."
"I have no gripes or complaints about anything."
"I've been here about ten days. The food is excellent and I'm settling in well."

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. Staff were attentive to peoples' needs, for example noticing when they needed additional support to move around.

Visitors

Visiting was able to take place unrestricted. I did not get the opportunity to speak at length with any visitors during the inspection.

The first 19 reviews written on Carehome.co.uk were written in highly complimentary terms and the home had achieved a perfect initial score of 10 out of 10. This indicated a high level of satisfaction from people who used that website to give 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. Continence products were stored discreetly. Staff were attuned to peoples' needs and intervened without fuss when support was necessary.

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, for example weight loss. There were informative summaries of the key aspects of each person's care written on the opening page, along with some important life history information.

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 3's mental capacity care plan contained some contradictions and was unclear. There were a series of mental capacity assessments (MCAs) in place, including for whether the person had the capacity to make the decision of residing in the care home. The MCAs concluded that Resident 3 did have the capacity to decide this. However, it was unclear from the text why that decision was made.

In the capacity test it stated, *"[Resident 3] demonstrates some awareness. However, her understanding appears a little limited and inconsistent. She appears to be unable to retain the information long enough to demonstrate sustained comprehension."* Then, in answer to the next question of can the person retain the information long enough to make a decision, the answer was 'yes,' which made little sense. Then a DoLS care plan indicated that a DoLS application had been submitted due to,

"Showing signs of lacking the capacity to retain and relay information surrounding residing at Dale Brook."

On further discussion the manager was clear in his belief that Resident 3 actually did have the capacity to make this decision. Therefore, the care plan should be updated to reflect this and the DoLS application should be withdrawn.

Resident 4's MCAs and mental capacity care plan was consistent for the findings that she lacked the capacity to consent to key decisions, including living at the home. However, a DoLS application had not been submitted for her, which it needed to be.

Resident 5 had a sensor monitoring mat in place in her room by her chair to alert staff if she were to walk over it. There was no mention of this in the person's care plan and it was not clear why it was there. On further investigation it was stated that the person had asked for it, then when it was checked with the person she said she did not want it. The sensor mat had been removed by the end of the inspection.

See Recommended Action 7.

Daily Care Records

Staff had taken well to the PCS system, with most daily care records completed diligently. Hygiene charts were well completed, with records indicating plenty of support with personal care and baths and showers. Repositioning records were clear and accurate. Fluid records indicated people on hydration watch were offered sufficient fluids. Food records were kept regularly, but there was a key difference in how different staff recorded the food consumed. Some staff wrote, *"Had lunch"* or *"Had supper"* whereas other staff recorded a description of the food eaten. The latter was better and more effective.

See Recommended Action 8.

The application of medicinal creams were recorded on the EMAR system, although there was room for improvement in how the application of emollient creams were recorded. Currently senior staff were recording on the EMAR system when care staff said they had applied the creams. This was not ideal as the senior would often not have witnessed the cream being applied.

A better system would be to use the PCS system and this was discussed with the management team. The application directions for each emollient cream prescribed can be transferred to the system and, where the prescription is regular, these can be set up as 'must do' tasks. In the application directions it is important to include the exact cream, where (on the person's body) the cream application should be made and how often the cream should be applied. Care assistants then can record having completed these tasks on the system, prompted each time on their handsets. Once all the emollient creams have been set up in this way, three clicks of a mouse can produce full topical MAR charts (TMAR) for the last 28 days.

See Recommended Action 9.

I was given login access to the PCS system through the account of a member of staff. A preferable way to give access to external inspectors or local authority representatives would be to set up a 'Guest Professional' login (or similar). This would be read-only access and would not attract any criticisms about the data security of individual staff accounts.

See Recommended Action 10.

Activities Arrangements

Activities were taking place during the day and the lifestyle assistant interacted well with the residents. There was a pleasant exercise session in the morning that was appreciated by several of the residents. Feedback from residents indicated they enjoyed many of the activities and were grateful for them.

The lifestyle assistant gave a good account of the range of activities on offer. These included arts and crafts, games and the film Friday session. There had been some trips out of the home including to a local garden centre, shopping excursions, mornings out at local coffee shops and attending local pubs to watch tribute bands (ABBA and Vera Lynn). The plan for the following week was to take a group of residents to Matlock Farm. Entertainers such as singers and musicians came to the home to perform and there had been a performance by a school choir.

The home's customer relations manager referred to reaching out into the community to local Alzheimer's groups, GPs, churches and much more. An open day had been organised to raise awareness about the home. Various events were organised for local professionals, with one example being the Cuppa with Copper event, where local police and PCSOs came to engage with the residents and play games. The aim was for 8 events per months of this type.

Ideas for the future including some 'make-a-wish' work were discussed at length.

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

The manager, Donal McFadden, was an experienced registered manager and was registered with CQC to run Dale Brook.

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 Crystal 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.

Some of the governance work completed in February 2026 was demonstrated by the regional director and included:

- Pressure ulcer monitoring
- Moisture lesion monitoring
- Bed rails (none)
- Wounds review
- Weights and weight loss management
- Infections review
- Distressed behaviours
- Antipsychotic medication review
- CQC notifications review

- Safeguarding review
- Duty of candour review (see below)
- Complaints review
- Equipment log
- Hoists and slings
- Fire drill review
- Health and safety audit
- Maintenance certification review
- 10 at 10 meetings & handovers
- Daily clinical audits
- Dietary summaries
- Grab bag checklists
- First impressions audit
- Catering audit
- Pressure cushion audit
- Mattress audit
- Lifestyle audit
- Dining experience audit
- First aid boxes
- HR (personnel files) audit
- Annual IPC audit
- Dependency monitoring
- Call bell response time audit (good results)
- Accidents and incidents, with trend and graphical analysis

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 Crystal Care. The governance systems for the home were early in their implementation, but were built to cope with significant growth.

There had been one significant injury in February that had resulted in a resident suffering some broken ribs following a fall. This incident had been reported to the authorities in an appropriate manner after being dealt with properly. The team had complied with the spirit of the duty of candour in that they were open with the family and there had been clear and specific discussions. As CQC look for ‘duty of candour letters’ I would recommend that a summary letter is written to the relevant person.

See Recommended Action 11.

Provider Monitoring
An experienced regional director was present through the inspection and had spent much time at the home since her appointment, providing support and guidance. Every month there was an in-depth monthly governance visit that was conducted covering a wide range of issues. Action points were set for development when necessary and these were added to the home's action plan. The manager was complimentary of the support received by the organisation to this point.

Management and Leadership Observations.
It had been a positive and reassuring start to the home's life, with a pleasant and welcoming atmosphere of care on display. The start of 2026 had been challenging since a number of the residents had been unwell with infections, but these were now cleared. The care manager had resigned, which had set the management systems back somewhat. Recruitment was underway for a replacement.

However, everyone was looking forward positively. The manager was welcoming to constructive criticism and the inspection day was a worthwhile exercise in identifying a few things to work on. There should be a bright future for the home.

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 investigate the circumstances of Resident 1 and Resident 2's incorrect stock counts.
2	Please enhance some of the PRN protocols so they are less generic. The documents should include more detailed information about each individual person's circumstances, as explained in the main body of the report.
3	Please ensure that all COSHH products (cleaning products and dishwasher tablets) are kept locked away at all times.
4	Please ensure that call bell ropes extend to the floor so they are accessible to someone who has fallen.
5	Please catch up with the overdue supervision sessions and probationary reviews.
6	Please withdraw the DoLS application for Resident 3 and submit a DoLS application for Resident 4.
7	Please review all mental capacity assessments and their corresponding mental capacity care plans to check they do not contradict each other

8	Please speak to staff about making records of all food consumed rather than merely stating ‘had lunch’ or ‘had supper.’
9	Please consider using the PCS system for care assistants to record when they have administered emollient creams.
10	Please consider setting up a ‘Guest Professional’ (or similar) login to the PCS system for use by professional visitors.
11	Please draft and send a duty of candour letter in relation to the recent serious injury suffered by Resident 1.

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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