

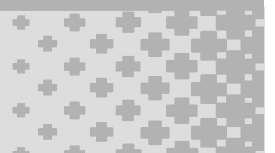


THE WOODBERRY
PARTNERSHIP

INSPECTION REPORT

FAIRWOOD FIELDS

CQC RATING GUIDE: 'GOOD'



Privately Commissioned Inspection for

Fairwood Fields

Conducted by:
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Date of Inspection:
21st April 2026

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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 **Fairwood Fields**. Fairwood Fields is a new purpose-built residential care home for older people including people living with dementia, located in the centre of Pontefract, Yorkshire. The home's facilities are excellent and the environment is amongst the most impressive in the residential care market. The home opened in November 2025 and there were 18 people in residence. This was my first visit to the home.

The findings of this visit were encouraging and indicated a positive, proactive and reassuring start to life at the home. The atmosphere of care and support was happy, relaxed and cheerful all day. The care staff spoke highly of each other and of the support they had received from the management team. All of the care interactions witnessed between staff and residents were caring, compassionate and friendly. Residents and their relatives were highly complimentary about the care that had been delivered so far.

The lifestyle manager gave an excellent account of the plethora of activities that had taken place over the first few months. Good community links were being proactively forged and there was a clear understanding of the importance of this. 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 a good standard, backed up by good daily care records.

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. Medication was safely managed. Care planning was of a high standard. Mandatory training and supervision were up to date. There were plenty of staff on duty who had been recruited in line with regulation. The home was in an excellent position for continued growth.

The management team (manager and care manager) had worked together in similar roles elsewhere for several years and were experienced in their roles. This had enabled a confident, positive culture of excellent care to be embedded within the home from day one. There are only a few recommended actions made in this report. The suggestions made are relatively minor matters that should be easily resolved.

The team responded well to the inspection process and were keen to learn and to continuously improve. If the team can sustain and build upon this level of performance as the home grows then the home should have a bright and successful 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 solid 'Good' rating, with no concerns raised. The home is 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. The home was set out over three floors. There were 18 people in residence on the day of my visit, all living on the ground floor. The team were preparing to open the first floor in the coming days.

The current staffing levels were as follows:

- (am) 1 unit manager, 2 senior care assistants and 3 care assistants
- (pm) 1 unit manager, 2 senior care assistants and 3 care assistants
- (night) 1 night care manager, 1 senior care assistant and 2 care assistants

One of the early staff came in at 7am to assist the night staff with people getting up. One of the late staff stayed until 10pm to assist the night staff with getting people ready for bed. The manager said that the home would be safe to run on a minimum of at least one staff member fewer during each shift, but the home was staffed to grow and so more staff were often available.

Ancillary Staff

In addition to the care staff there was a lifestyle manager and a lifestyle assistant. There was a kitchen staff team (a chef or sous chef and a 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 registered manager and the care manager were both supernumerary to the care staff.

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. 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 and there should also be plenty to open the first floor the following week. 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.

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. Further staff were awaiting employment dates pending recruitment checks and these were three care assistants and two housekeepers. There was one further vacancy for a care assistant to complete phase two.

No agency staff had ever been used.

Staff Recruitment Information

The administrator made available the recruitment information held on file for several staff recently recruited to the home. The files were stored securely in the manager's office, were well put together and contained almost 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 Staff Member 1's file there was no copy of the certificate to evidence their NVQ qualification to level 3 in health and social care. It is required by regulation that copies of certificates to evidence relevant qualifications must be obtained.

See Recommended Action 1.

Open Safeguarding Cases

The manager advised there were two open safeguarding cases relating to the home, both of which had been appropriately reported and were being dealt with in the correct manner. No complaints or other concerns were sitting with local authorities or CQC.

Medication Management

Medication trolleys were kept in a secure medical room. There were medical rooms on each floor to be opened when the floors opened. The medication systems were demonstrated by one of the unit managers. I found the systems to be safe and well-managed, with the only matter picked up for improvement relating to PRN protocols.

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 for the medical room were available.
- 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.
- Controlled drugs were stored correctly and checked regularly. A spot check indicated correct stock levels.
- The staff wore 'Do Not Disturb' tabards when administering medication.
- Applications of emollient creams were recorded on the EMAR system.
- Bottles of liquid medication were dated upon opening.

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.

PRN Protocols

PRN protocols were in place for ‘as required’ medicines. However, some of them were generic, meaning they did not contain sufficient information to enable consistent administration. Resident 1 was prescribed Lorazepam on a PRN basis. The PRN protocol stated, *“To prevent agitation and to keep [Resident 1] settled.”* The unit manager explained that when Resident 1 became agitated he started shouting, pacing, started to approach people in a threatening way and became an increasing falls risk to himself. This information should have been in the PRN protocol.

Paracetamol was prescribed to Resident 2 on a PRN, or ‘as required’ basis. The PRN protocol merely stated that the medicine was *“For pain to be eased.”* Resident 2 was living with dementia and it was not clear how it would be established if she was in pain or whether she was able to ask for the medicine reliably.

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, is it 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. Domestic staff worked safely with their cleaning materials.

Sluice rooms were kept locked with keypad locks. Cleaning materials were stored unlocked throughout the day in the cupboard underneath the sink in the kitchenette area of the main lounge. These items can be hazardous to people living with dementia and must be kept locked away at all times when not in use.

Staff had washed plastic pots and syringes in the sink and left them to air dry after using them to administer medicines. These items must either be sterilised in between uses or disposed of.

See Recommended Actions 3 & 4.

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. This had gone well and the score awarded was 5 – ‘Very Good,’ which was 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 home employed 39 staff. 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. 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 home was a friendly and welcoming place to visit. Staff spoke in warm terms about their colleagues and of the management team and compared the home positively against their experiences of working in other care settings. Comments included:

“We’re very happy working here. I’ve worked for these managers before and they are great. They are why I came to work here.”

“I’ve felt looked after in my role. It’s been a good experience so far.”

“I think for a new home it’s clicked and gelled very well – there’s a good team morale.”

“The managers are experienced and the good culture comes from the top.”

“Definitely made the right decision coming to work here. We’ve got a budget for the activities, so there are more options to organise fun things.”

“The managers have been very supportive to me, including with some personal stuff.”

“Coming to work here was the best thing I ever did.”

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 almost complete, at **94%**. The only reason it was not 100% was because some new starters had yet to complete their initial training in their first couple of weeks.

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).

4 DoLS applications had been submitted, with one of them determined by the local supervisory body. A CQC notification had been submitted as required when the DoLS application was determined.

Eating and Drinking

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

- Tables were nicely laid, with clear menus on display.
- 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, cheerful and relaxed manner.
- Choices of different drinks were given to people.
- Choices of main courses were given to people appropriately. A lighter lunch was served, with the main meal dished up in the evening.
- There were also choices of different desserts.
- Staff were around to assist as necessary and to provide plenty of laughter and good cheer.

- Staff were attentive to people who were a falls risk, encouraging them to use their walking frames and to stay safe where possible. Staff at all levels were confident with doing this.
- Nobody was rushed with their meals.
- Feedback on the quality of the food from residents was all positive.

There was background music playing, but it was a contemporary radio station with music that was of little interest to the residents, punctuated by spoken advertisements. There was an opportunity to play some 'old-style' music, more of the era of the people who lived at the home, or some classical music. It would be worth asking the residents what type of music they might like.

See Recommended Action 5.

Premises Presentation

Entrance and Reception Area

The home had a bright and welcoming entrance and reception area, staffed by a helpful administrator. 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, nail bar, lounge bar and first floor balcony.

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, with plenty of comfortable garden furniture.

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

There was plenty of good cheer and laughter evident throughout the day. This included playful banter where it was welcomed. An attentive and caring relationship between the staff and the residents was apparent everywhere. There was a nice atmosphere across the ground floor 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:

"We've made friends. I've enjoyed it more than I thought I would. The carers are very good. They are always friendly – all of them."

"There's very good food here. I have no concerns at all."

"The home is always warm and it's always comfortable."

"I like walking around the garden. I've been out already today. It's nice out there, if a little bit chilly."

"I was one of the first to move in here. I've never had a problem."

"The carers work hard and they do a fine job. They look after my every need."

Everyone living at the home had 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. Visitors were similarly complimentary about the staff and the service. One person said, *"The staff are so nice – really, really good. [My relative] has done so well. He's been here six weeks. I have nothing to*

complain about. It's been a great experience so far." Another person said, "The managers keep us properly informed with progress. The staff are lovely and they all have their different strengths."

The first 7 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. Call bells were left within peoples' reach when they were spending time alone in their bedrooms. Staff were alert to peoples' needs and intervened without fuss when there was a risk of dignity being compromised.

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. The care plans read were well written. There were additional care plans in place for specific health conditions, such as specific wound care plans and the use of blood-thinning medication. There were informative summaries written on the first page. The care plans contained plenty of person-centred information, including some good life history stories.

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 assessment were regularly reviewed, including as part of the home's 'resident of the day' process.

Resident 3's skin integrity care plan stated that she needed repositioning during the day and during the night. Repositioning records were available for during the day, but not the night. On further investigation it transpired that Resident 3 did not need repositioning at night and the care plan was incorrect.

See Recommended Action 6.

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.

These were correctly put together and well written. In one case there were MCAs and resultant best interest decision making records for the specific decisions of:

- Consenting to living at the home.
- Consenting to personal care
- Use of anti-psychotic medication
- Use of a call bell

Daily Care Records

Staff had taken well to the PCS system. Daily care records were completed diligently. Hygiene charts were well completed, with records indicating plenty of support with personal care and baths and showers. Food and fluid records were excellent and indicated that people received sufficient nutrition and hydration.

The recording of the application of emollient creams was also completed diligently. There was one set of application directions – relating to Resident 4 – that stated, “*Cream – apply thin layer to left shoulder for pain relief.*” This direction needed updating to make clear what specific cream should be applied and how often.

See Recommended Action 7.

Activities Arrangements

There was an experienced lifestyle manager in post who gave an enthusiastic account of some of the activities on offer and some of the events that had been organised so far. There was a good understanding of the importance of engaging with the local community and getting involved in events external to the home.

Trips out had been arranged and were being planned for the future. On the day of inspection there was a trip out to Pontefract races. Some residents made sure they were ready early for this and were sitting in reception with an excited air. There had been a successful outing to The Deep Aquarium in Hull and future trips were being arranged to visit a coal mining museum and Yorkshire Wildlife Park. The lifestyle manager also described some more local outings, such as going into town, garden centres, churches, markets and to coffee shops.

External entertainers came to the home, including singers, magicians, personal trainers (for seated exercises) and children from local junior schools. A 'baby yoga' session had been booked for the following month and the team were hoping to get involved with the local liquorice festival and be part of the liquorice trails.

There were plenty of day-to-day in-house activities, such as massage therapy, flower arranging, arts and crafts, bingo, quizzes, word games, choir group, book club, gardening and much more.

There was scope for more 'make a wish' activities for individual residents to have the opportunity to do something special to them and for these events to be showcased for posterity. This was discussed at length with the lifestyle manager and the management team.

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

Lynn Robinson was registered as manager with CQC. Lynn was an experienced registered manager, having been registered several times previously when running comparable services.

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 care manager demonstrated the auditing system effectively.

Audits for March 2026 included:

- Daily audits and walkarounds
- 10 at 10 meetings
- Daily clinical reporting
- Resident of the day work
- Grab bag audit
- Weekly dietary sheets
- 5-day audits after new admissions

- Pressure ulcer audits
- Moisture lesions monitoring (none)
- Bed rails (none)
- Wounds lists
- Weights and weight loss management audit
- Infections and trend analysis
- Distressed behaviour tracker
- Antipsychotic medication report
- CQC notifications review
- DoLS review
- Duty of candour letters (none – see below)
- Complaints and compliments
- Equipment log
- Hoists and slings audit
- Safeguarding review
- Care plans (10%)
- Medication audits
- Dining experience audit
- Catering audit
- Fire drills – day and night
- First impressions audit
- Lifestyle audit
- Mattress audit
- Finance audit
- Infection control audit
- Health and safety audit
- Call bell monitoring analysis (good results so far)
- Accidents and incidents review, with graphical and trend analysis
- Dependency monitoring

There had been a serious injury during March, where Resident 5 had unfortunately fallen and broken their hip. The team had complied with the spirit of the duty of candour by ensuring open communication with all relevant parties. However, a duty of candour letter had not been written to the relevant person and a copy placed on file. While it is arguable whether this is strictly necessary by the letter of the regulation, CQC often looks for such letters so I would recommend one is drafted.

See Recommended Action 8.

Provider Oversight

The management team said they had been well supported by Crystal Care's senior management. The regional director conducted an in-depth monthly governance visit (MGV) each month, looking at many key areas of practice and setting recommended actions that were added to the home action plan.

Management and Leadership Observations.

The management team (registered manager and care manager) had worked together in similar services elsewhere for several years and were experienced in their roles. This had enabled a confident, positive culture of excellent care to be embedded within the home from day one. All of the feedback received was appreciative of this and the home was being evidently well led.

There was great anticipation for what was possible at this new home as it grew and there was every hope for a successful future.

Crystal Care is a new provider, with an ambitious growth plan for several newly constructed residential homes 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 remember to obtain documentary evidence of relevant qualifications for new staff.
2	Please update the PRN protocols to contain more information specific to each person, as explained in the main body of the report.
3	Please ensure that cleaning materials and substances potentially hazardous to health are kept locked away at all times when not in use.
4	Please ensure plastic pots, spoons and syringes used to administer medication are either sterilised in between uses or disposed of.
5	Please consider playing music that is more 'old-style' and of the era of the residents during the lunchtime experience.
6	Please correct Resident 3's skin integrity care plan in relation to night-time repositioning.
7	Please update Resident 4's application directions to make clear the specific cream required for his pain relief and how often it should be applied.

8	Please send a duty of candour letter to the relevant person for Resident 5 following the series injury in March.
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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

[End]