



THE WOODBERRY
PARTNERSHIP

INSPECTION REPORT

GILLINGHAM GRANGE

CQC RATING GUIDE: 'GOOD'



Privately Commissioned Inspection for

Gillingham Grange

Conducted by:
Simon Cavadino

Date of Inspection:
20th April 2026

Contents

Executive Summary	4
CQC Rating Guide	6
CQC Key Question – Safe	7
CQC Key Question – Effective	12
CQC Key Question – Caring	16
CQC Key Question – Responsive	18
CQC Key Question – Well Led	21
Required and Recommended Actions	24
Inspection Methodology	26
Introduction to Author	27

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 **Gillingham Grange**. Gillingham Grange is a new purpose-built residential care home for older people including people living with dementia, located in Chard, Somerset. The home's facilities are excellent and the environment is amongst the most impressive in the residential care market. This was my first visit to the home.

The home opened in October 2025 and there were already 23 people in residence, with other people set to move in soon. There were several enquiries in the pipeline and the home was already starting to prove popular locally, its reputation spreading.

The findings of this inspection were positive and were indicative of a good start. The manager and her staff group were full of enthusiasm, 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. Several relatives were especially warm (and at times emotional) in their gratitude for the home, with praise expressed in the highest of superlatives. The staff on duty worked hard and 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's environment was warm, clean and beautifully presented. Personal care was of a high standard, backed up by good daily care records. Care planning was of a good standard. Medication systems were safely managed.

Regulatory compliance and governance systems were strong and were quickly becoming embedded. Mandatory staff training was up to date. Staffing levels were comfortable, with staff mostly recruited in line with regulation. The home was in a good position for continued growth.

Some specific recommendations were made at this inspection, most of which were routine suggestions for desirable improvements, rather than serious deficiencies indicating cause for concern.

The manager and her team responded positively to the inspection process, were welcoming of constructive criticism and were keen to learn and to continuously improve. This first inspection augured well for a successful future for Gillingham Grange.

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' guide rating at this early stage, although attention to the action plan will 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 23 people in residence on the day of my visit, which represented a good start to the occupancy levels at this stage. The home was laid out over two floors, with most of the residents living on the ground floor.

Staffing levels were as follows:

- (am) 1 deputy manager, 2 senior care assistants and 3 care assistants
- (pm) 1 deputy manager, 2 senior care assistants and 3 care assistants
- (nights) 1 deputy 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 were two staff on duty in the kitchen (a chef or sous chef and a kitchen assistant), along with domestic and laundry staff. There was a full-time maintenance manager, administrator and head housekeeper, A customer relations manager was due to start work the following week. There were vacancies for a lifestyle manager and a lifestyle assistant. These posts had proved difficult to recruit to and there had been a couple of people appointed who had not in the end taken up post.

Hairdressing and chiropody services were provided by external contractors. The team was managed by the manager (supernumerary) and a care manager (also supernumerary) had been appointed and was due to start work in the next couple of weeks. 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 phase two of recruitment was well underway. The key posts to fill were the lifestyle team. There were plenty of suitably trained staff available to cover the staffing roster. No agency staffing cover had been necessary since the home opened.

From my observations during the day the home was staffed to grow and there were more than enough staff to care for the current resident group. Staff on duty agreed this was the case and the manager was also happy with the staffing resources. The manager 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 Information

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 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
- 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 (see below)
- Evidence of relevant qualifications

Staff Member 1 had been allowed to start work without their full DBS Disclosure being received. A risk assessment had been written, although no risk assessment takes away the fact that this move is technically a breach of regulation. Should CQC decide to take regulatory action then a risk assessment in place would be no defence. With the home not in a position where it was short of care staff it may be harder to argue that this was a proportionate and necessary move in the circumstances. Management staff should be aware of this before making such decisions.

See Recommended Action 1.

Open Safeguarding Cases

There were no open safeguarding cases relating to the home. The manager was not aware of any complaints or unwelcome adverse comments about the home being made to local authorities.

Medication Management

The medication trolley was kept in a secure medical room on the ground floor. There was a medical room on the upper floor ready to be used when more residents moved in. The medication systems were demonstrated capably by one of the deputy managers. I found the systems to be safe and well managed, although a couple of matters were picked up for further improvement. Good practice included:

- Keys were kept by the senior members of staff in charge.
- Plastic spoons and pots to assist with administration were single-use.
- Bottles of liquid medication were dated upon opening.
- 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.
- Cleaning schedules were completed daily.

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 apart from two, as follows:

Resident 1 – Digoxin – 38 in stock; 37 showing on the system.

Resident 1 – Risperidone – 21 in stock, 22 showing on the system.

Temperatures were taken for the medical room and the medication refrigerator each day. During the previous week this had not been done on Friday 17th and Sunday 19th April. The staff needed reminding to do this each day.

Most of the PRN protocols in place for 'as required' medicines were sufficiently informative. Resident 2 had a protocol for PRN Lorazepam, which was somewhat generic as it stated the medicine was to reduce "*anxiety and distress.*" The deputy manager said the medicine would be given at times when the person became so anxious that they started hyperventilating, almost like a panic attack and that nothing staff could do or try would alleviate those symptoms. This is the specific information that was missing from the protocol.

See Recommended Actions 2-4.

Premises Safety & Management

The home was warm throughout, spotlessly clean and well presented. No unpleasant odours were noted anywhere.

Sluice rooms were kept locked with keypad locks. Domestic staff worked safely with their cleaning materials. There were two occasions where COSHH products (cleaning materials and dishwasher tablets) were left unlocked in cupboards underneath the sinks in the kitchenette areas. One occasion was on the busier ground floor after lunch where the cupboard was left open and the key was left in the door. These items can be highly hazardous to people living with dementia and must be kept locked away at all times when not in use.

See Recommended Action 5.

In one of the communal bathrooms the call bell rope had been placed on the back shelf behind the toilet. This meant that it did not extend to the floor and would be inaccessible to somebody who had fallen.

See Recommended Action 6.

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 were up to date apart from six. The manager said these were in hand and the staff in question had been given their paperwork ready for the meetings that would take place soon. Minutes of supervision meetings were kept on personnel files and were signed by both parties.

26 probationary reviews (after six months' employment) had become due the week before. This often happens when a group of new staff all start work at the same time. The manager commented there were no probationary issues with any of the 26 staff but appreciated the need to work through each of these personal meetings appropriately in the coming few weeks.

See Recommended Action 7.

Staff Feedback and Morale

Staff spoken with said they enjoyed their roles. Staff were open, happy and enthusiastic about their work. Some staff compared the home favourably with other care services they had worked in before. They all praised the manager and they spoke in a complimentary way about their colleagues.

One staff member said, *"It's a really lovely place to work. We feel supported. The manager is really good - much nicer than my last one. I have no concerns."* Another member of the team said, *"I've been here from the start. It's great, I think it's gone very well."* Another said, *"I've never worked in a care home before. I'm pleasantly surprised how nice it is. The environment is so nice and the manager's door is always open if you need anything. She sorts problems out straight away."*

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. The compliance level for mandatory training was at **89%**. The compliance would be 100% were it not for a few new starters working their way through the required training.

Mental Capacity - DoLS

The manager 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).

6 DoLS applications had been submitted, with 3 determined by the local supervisory body. CQC notifications had been submitted as required when the applications were determined. DoLS information was presented and monitored on a spreadsheet as part of the monthly governance systems. It had recently been identified through a governance process that Resident 3 needed to have a DoLS application submitted due to lacking capacity to consent to living at the home. This was on the manager's list of tasks to complete.

See Recommended Action 8.

Eating and Drinking

I witnessed the lunchtime experience in the ground floor dining room. Staff worked effectively to make this a positive experience, although there were a couple of aspects of the process that could have been improved. Good practice included:

- 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.
- Plenty of staff were available to assist and they interacted with residents in a pleasant and relaxed manner.
- Choices of different drinks were given to people, including wine.
- The food served was nicely presented. Extra gravy was available for people who wanted it. Second helpings were offered and promoted when people finished.
- Nobody was rushed with their meals.

There was no music playing in the dining room where most residents were. There was a cartoon on the television with the sound down very low and nobody was watching it. This made the atmosphere slightly more tense than it needed to be. The manager said that music was played most days in that dining room, so it must have been forgotten.

Choices were made by people verbally during the morning and then plated up and served to people. The staff gave people what they had ordered but did not explain what the food was when serving it. It is important to do this as people living with dementia may have forgotten what they had ordered or only partially understood the order when they made it. I would recommend that best practice would be to plate up an example of the two alternatives and show people. This way they can make a choice in the moment, see, smell or even taste the food.

See Recommended Actions 9-11.

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. There were comfortable chairs to sit on when waiting to be seen. There was complimentary tea and coffee on offer along with fresh cakes and biscuits that were baked daily.

Information such as the home's registration certificate and the complaints policy were displayed prominently. 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 and library area. There was also a fully kitted out hairdressing salon. A snack and hydration station was available in the main lounge on the ground floor.

Bedrooms

The occupied bedrooms were nicely personalised with people's own belongings, pictures and photographs of their families. This enabled them to feel settled at the home. The bedrooms were fitted with smart televisions and refrigerators. The show room was inviting and properly arranged.

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 the sunshine in the spring and summer.

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 upbeat and 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. 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 are particularly well looked after by these carers."

"The food is very good and reliably so. They've put a lot of effort into it."

"I'm grateful to be here in such a nice building with friendly people."

"We've made friends and like to sit together during the day."

"My room is very nice."

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 visiting relatives was exceptionally positive, with two separate relatives becoming visibly emotional when explaining how grateful they were for the care their loved-ones had received.

One person said, *"This is a fabulous place. I feel reassured that [my relative] is here and he is safe. The staff are cheerful and positive all the time. They let me stay overnight in a vacant room as I have to come a long way to visit. I'd be so upset if he couldn't stay."* Another person said, *"It's bloody fabulous. You can tick all the boxes. I've never seen a care home so lovely. All the staff are smashing. It's home from home and I can now sleep at night knowing [my relative] is safe."*

The first 9 reviews written on Carehome.co.uk were written in highly complimentary terms producing a score of 9.3 out of 10, which would likely rise with additional positive reviews. 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.

Staff anticipated when people may need attention or when their dignity could be compromised and intervened quietly and without fuss. One resident wished to telephone their family and they were quickly assisted to do this.

Some toiletries had been left in one communal bathroom. Staff should always take toiletries back to peoples' individual bedrooms after use so there is no temptation for the toiletries to become communal.

See Recommended Action 12.

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. All care plans looked at were written in a person-centred way. There were informative summaries of the key aspects of each person's care written on the opening page. Care plans were written separately for specific medical conditions, such as high blood pressure episodes.

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.

Consent to Care and Treatment

Mental capacity assessments (MCAs) were in place for people who lacked capacity to consent to some or all of their care. In one case (Resident 4) MCAs and best interest decisions were in place for residing at Gillingham Grange and for being checked every two hours at night. The person was assessed as not having the capacity to consent to either decision and best interest decision processes followed.

In the MCA for 'living at the home' there was a comment about needing personal care and prompting with washing and dressing. This comment looked out of place, as it referred to a different decision. There was a behavioural care plan for Resident 4 about the possibility of the person refusing personal care and so it was potentially

an issue for them. There needed to be a separate MCA written for the decision of whether Resident 4 could meaningfully consent to personal care and, if not, a clear best interest decision process about what agreed steps the staff could take to intervene and ensure the person was appropriately cared for.

Resident 5 had full capacity to consent to her care. In Resident 5's mental capacity care plan there was the following sentence: *"When decisions become more complex or relate to her health and treatment, staff must involve her son [Name] who holds power of attorney, to ensure decisions are made in line with [Resident 5]'s wishes and best interests."*

As Resident 5 had full capacity to consent there would be no decision made in her best interests. Best interest decisions are solely reserved for when people are assessed as lacking capacity in a specific area. This may have been merely clumsy wording, but it is worth being precise about this to avoid any perception that best interest decisions are being made for people who do not lack capacity.

See Recommended Actions 13 & 14.

Daily Care Records

Daily records were available for monitoring peoples' food and fluid intake where this was necessary. There were hygiene charts to record personal care given and repositioning charts for people who required regular turning. All of these records were diligently kept by staff.

Applications of emollient creams were recorded on the PCS system and were presented as topical MAR (TMAR charts). These were mostly well recorded, although for Resident 6 the application instructions merely said, *"Cream – Apply to buttocks and groin."* This instruction was not clear which specific cream needed to be applied and how often.

See Recommended Action 15.

Activities Arrangements

The one area that had yet to get going as fully as the manager would like was the lifestyle provision. This was because it had proved difficult to recruit a lifestyle

manager and an assistant. Several people had been offered the posts, but for one reason or another had not taken them on. Care staff had done their best to provide some meaningful activities in the interim.

The lifestyle provision will be assessed in more detail at future inspections.

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, Amanda Whyte, was registered as manager.

CQC Rating

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

Governance and Internal Auditing

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. The governance work for March 2026 included:

- Pressure ulcer audit
- Moisture lesions audit
- Wounds review
- Bed rails audit (none)
- Weights and weight loss management audit
- Infections review
- CQC notifications review
- Distressed behaviour tracker
- DoLS review
- Duty of candour (none)
- Equipment log
- Safeguarding review

- Complaints audit
- Hoists and slings audit
- Accidents, incidents and near misses, with graphical and trend analysis
- Call bell response time monitoring statistics
- Medication audits
- Care plan audits by management (minimum on 10%)
- Staffing KPIs
- Mattress audits
- Pressure cushion audit
- Catering audit
- Dining experience audit
- Finance audit
- Fire drill – day and night
- First aid box audit
- First impressions audit
- Lifestyle audit
- Infection control audit
- Health and safety audit

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 being embedded effectively.

Provider Support

The manager said that she had been well supported by Crystal Care's senior management in her role. An in-depth governance report was completed by the regional director each month, with actions identified also added to the action plan.

The managing director, operations director and the regional director dialled into the home for inspection feedback in the afternoon.

Management and Leadership Observations.

The manager was experienced in the role and demonstrated clear positive values and expectations. All staff spoken with were positive about the support they had received so far from the manager. A new care manager was due to start work the following week and this would be a welcome addition to the team.

The manager was pleased to announce that the home had won an award internally within Crystal Care – a ‘People Award’ – for the ongoing positive atmosphere of care and good staff retention during the initial phase of commissioning.

The home was proving popular in the local area and had grown quickly. The challenge was not in generating referrals, but in managing the sheer number of assessments, enquiries and potential move-in dates, while ensuring suitable staffing to look after everyone safely and well.

The manager was welcoming of constructive criticism and keen to learn and to continuously improve. This first inspection augured well for a successful future for Gillingham Grange, which was in a good position for continued growth.

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 do not allow staff to start work prior to receipt of the full Enhanced DBS Disclosure. The risk assessment in place does not remove this regulatory requirement.
2	Please investigate the two medication stock discrepancies for Resident 1.
3	Please ensure the temperatures of the medical room and medication refrigerator are taken daily.
4	Please update the PRN protocol for Resident 2 's Lorazepam with information that is more specific to and informative about their personal situation.
5	Please ensure that staff keep COSHH items locked away at all times when not in use.
6	Please ensure that call bell ropes in communal bathrooms extend all the way down to the floor.
7	Please complete the 26 probationary reviews that have recently become due.
8	Please submit Resident 3's DoLS application to the local supervisory body as soon as possible.

9	Please remind staff to play background music of the residents' choice during the lunchtime experience.
10	Please ensure staff always tell people what their lunch is when serving it to them.
11	Please consider using 'show plates' as the best way of offering a meaningful choice to people living with dementia.
12	Please remind staff to return toiletries to peoples' bedrooms after use in communal bathrooms, to remove the temptation of those toiletries becoming communal.
13	Please prepare a separate mental capacity assessment and best interest decision document for Resident 4's capacity to consent to personal care.
14	Please ensure that care plans (e.g. Resident 5) do not refer to the potential to make decisions in peoples' best interests when they have full capacity to consent to their care.
15	Please update the application directions on PCS for Resident 6's emollient cream.

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]