THE WOODBERRY PARTNERSHIP

INSPECTION REPORT

LAKE VIEW LODGE

CQC RATING GUIDE: '**GOOD**'

Privately Commissioned Inspection for

Lake View Lodge

Conducted by:

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Date of Inspection:

3rd September 2025

Contents

Executive Summary

Oyster Care's stated aim is to offer care and support that focuses on resident well-being and quality of life. This is being built and delivered in a series of new purpose-built care homes across the south of England. As part of Oyster's quality assurance programme, additional privately commissioned inspection visits have been commissioned from outside care professionals. This is to ensure the organisation makes use of an external eye, acting as a 'critical friend', to further improve and enhance the quality of leadership and the quality of care at their care homes. An introduction to the author is available at the end of the report.

This is the report from a day spent at **Lake View Lodge.** Lake View Lodge is a new purpose-built residential care home for older people including people living with dementia, located in Halling, Kent. The home's facilities are excellent and the environment is amongst the most impressive in the residential care market. The home opened in January 2025 and there were 21 people in residence, which was a good occupancy level at this point in the home's development. The newly appointed manager and Oyster Care's operations director were present throughout this privately commissioned inspection.

The findings of this visit were mostly positive. The manager and the staff team presented the service well. There had been some unplanned management gaps and changes during the first few months of the home's existence, but any problems resulting from this were not apparent during the inspection. Residents and visiting relatives were complimentary about the care provided. The atmosphere was happy, relaxed and cheerful throughout the home.

The staff on duty worked hard and it was clear that a kind and caring culture was present throughout. The lunchtime dining experience was mostly well managed. Personal care was of a high standard, backed up by good daily care records. Staff spoke appreciatively of their working conditions and the support they had received in their roles since the new manager took up post.

Regulatory compliance and governance systems were strong and were becoming embedded. Medication systems were safely managed. Mandatory training and supervision were up to date. Staffing levels were appropriate, with staff recruited in line with regulation. Further staff had been identified and were awaiting start dates

once the regulatory checks were completed. The home was in a good position for continued growth.

The home's environment was clean and beautifully presented. Care planning was of a satisfactory standard, although some suggestions were made for further improvement. There were several inaccuracies and misunderstandings in the mental capacity assessments for people living with dementia and the team would benefit from some focused training in this important area of practice. Other recommendations were made across a variety of areas to improve the provision. These recommendations were routine suggestions for desirable improvements and also related to a focus on detail. They were not matters that were indicative of any serious deficiency.

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

CQC Rating Guide

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

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

Overall: Good

This 'Good' rating was deserved, although attention to the recommended actions in this report 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 21 people in residence on the day of my visit. The home was laid out over three floors, although only the ground and first floors were open at the time of the inspection.

The current 'minimum safe' staffing levels were the levels provided on the inspection day - as follows:

Ground Floor (13 people in residence)
(am) 1 senior care assistant and 2 care assistants
(pm) 1 senior care assistant and 2 care assistants

First Floor (8 people in residence)
(am) 1 senior care assistant and 1 care assistant
(pm) 1 senior care assistant and 1 care assistant

At night there were a minimum of three staff on duty, usually a deputy manager, a senior care assistant and a care assistant.

Ancillary Staff

In addition to the care staff there was an activity coordinator and an activity assistant whose hours covered all seven days of the week. There was a kitchen staff team (chef and kitchen assistant each day), maintenance manager, front of house manager, head housekeeper and domestic team (including dedicated laundry staff). Hairdressing and chiropody services were contracted externally.

The team was managed by the manager (supernumerary) and a care manager (also supernumerary) who was due to start work the following week. This was a good level of ancillary staff for a home of this size.

Staff Vacancies
The manager advised that one of her key tasks since taking up post at the beginning of July was to focus on staff recruitment, as it had been necessary to catch up a little with the numbers of staff required. There were several staff who had been appointed pending necessary recruitment checks and these were:

- 3 care assistants
- 1 housekeeper
- 1 sous chef
- 2 bank care assistants

The manager also needed to identify another care assistant to work late shifts. Provided the above staff started as planned and completed their inductions successfully then phase 2 of the home's recruitment would be complete. While providing the 'minimum safe' staffing numbers had sometimes been tight in recent weeks, no agency staff had been used.

The short-term aim 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 sufficient staff to care for the current resident group. Staff agreed this was the case, although they suggested that levels would need to increase to ensure there were enough team members to cope with the group of new admissions that were planned in for the rest of the month. This was correct and was the stated aim of the management team.

Staff Recruitment files
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:

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

Open Safeguarding Cases

There was one open safeguarding case relating to a recent medication error. This had been referred appropriately and the team were awaiting contact from the local authority safeguarding team. There had been other safeguarding cases during year, but these were now closed.

Medication Management

The medication trolleys were kept in secure medical rooms on each open floor. The medication systems were demonstrated capably by one of the senior staff. I found the systems to be safe, although there were some recommended practice matters that were picked up.

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.
- 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, although there were no CDs in the home on the inspection day.
- The staff wore ‘Do Not Disturb’ tabards when administering medication.

The home used an electronic medication system (EMAR). The EMAR system involved scanning the medication boxes prior to administration and the system generated a MAR chart. The system prompted all prescribed medication administration and so it was not possible to 'forget' any medication or not sign for it. The key to demonstrating the system is being used correctly is to ensure the stock present in the boxes and packets matches exactly the amounts recorded on the computer system. I undertook ten random stock audits and all were correct apart from one. This related to Resident 1's Lansoprazole, where there were 10 in stock and 11 recorded on the system.

The medication trolley was locked in the medical room but had not been attached to the wall with the connection bracket, as is recommended. Resident 2's most recent bottle of Lactulose had not been dated upon opening.

See Recommended Actions 1-3.

PRN Protocols

PRN protocols were in place for 'as required' medicines. While they contained basic information, more detail was required to ensure they were not generic. For example, Resident 3's PRN protocol for Lorazepam merely stated it was *"used to treat anxiety and sleeping problems."* It was not clear what anxiety meant specifically or what the circumstances were when it could be judged that Resident 3 was experiencing sleeping problems. The senior staff member said that Resident 3 had full capacity and was able to competently manage requesting his own medication. This important piece of information should have been added to the PRN protocol.

Resident 4's paracetamol PRN protocol merely stated it was for "*management of pain."* There was no information about where the pain usually occurred or what was typical for that person. Again, the senior staff member explained that the person was competent to manage her own requests for medication and this information should have appeared in the PRN protocol.

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 4.

Premises Safety & Management

The home was warm, spotlessly clean and well presented. No unpleasant odours were noted anywhere. The home was appropriately maintained with a full programme of regular maintenance checks undertaken by the maintenance manager.

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

Laundry Room
This room was spacious with both an ‘In’ and an ‘Out’ door. It was clear that soiled laundry was stored correctly and washed separately on a sluice wash. Dissolvable red bags were used for safe storage and laundering.

Kitchen
The home had received its first Environmental Health inspection visit, achieving a score of 5 – ‘Very Good,’ which is the highest score available.

Kitchen practices were not assessed further at this visit.

CQC Key Question - Effective

The following CQC quality statements apply to this key question:

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

Supervision & Appraisals

The provider used a system called Coolcare to monitor the frequency of supervision and appraisal meetings. The system showed all supervisions and probationary reviews were up to date bar a small number that were already scheduled where people were due to return from annual leave. The home had not been open long enough for appraisals to be due. Minutes of supervision and probation meetings were kept on personnel files and were signed by both parties.

Staff spoken with indicated they felt well supported and had enjoyed working at the home. Several staff referred to a period of time without management that was more uncertain, but they commented it had been much better since the new manager started in July. One staff member said, *"It's a relaxed and pleasant atmosphere with some great residents and I think we are doing quite well."*

Training

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

The manager had been focused on trying to ensure that all required training was complete. A new regional training manager was due to start work in the next few days and some of the face-to-face training (dementia, safeguarding, first aid and moving and handling) was being actively scheduled for the near future. The rest of the training was completed through e-learning modules. The current percentage compliance was **86%**, which represented a good start. The non-compliance was mainly new starters who were working their way through the initial training requirements.

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).

3 DoLS applications had been submitted, although none of them had as yet been determined by the local authority supervisory body. The management team were aware of the need to submit CQC notifications when the DoLS applications were determined.

DoLS information was presented and monitored on a spreadsheet as part of the monthly governance systems. The spreadsheet contained lots of inaccuracies and confusing information with entries in the wrong boxes.

See Recommended Action 5.

Eating and Drinking
I witnessed the lunchtime experience in the ground floor dining room. This was a generally positive experience, although a couple of practice suggestions are made. 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.
- Napkins and clothing protectors were available.
- Staff interacted with residents in a pleasant and relaxed manner.
- 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.

- Plenty of staff were around to assist as necessary, including the chef who served out the meals.
- Nobody was rushed with their meals.

While feedback about the care received was universally positive and complimentary, there were mixed views on the quality of the food. Some people said everything was very nice, but others had more critical views on the way vegetables were served, the toughness of the meat, the size of the portions and so on. While the management team said that feedback was sought on a daily and ongoing basis I would recommend a formal survey about the food – not conducted by kitchen staff – that gave people an opportunity to discuss their views and preferences individually. Some patterns may emerge from this that could increase satisfaction levels.

During the meal there was one situation where a staff member called across several tables to ask a resident a question about their food requirements. This was no doubt well-intentioned but did not come across well to the casual observer. Staff should consider that this would not happen in a restaurant setting. If there are queries about peoples' food or their choices then staff should walk up to their individual tables to ask them more discreetly and in person.

The background music was a radio station that was playing contemporary music that the residents had little interest in. The music was interspersed with a variety of advertisements. It would be preferable for the music to be old-style (of the residents' era) and/or of the residents' choice.

See Recommended Actions 6-8.

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

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

Design and Adaptation
The home was designed and purpose built for people who have mobility restrictions. All bedrooms had en-suite toilets and wet room showers. Full assisted bathing facilities were also available on each floor. Corridors were spacious 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 and sky bar. There was also a fully kitted out hairdressing salon. There was a secure balcony on the first floor with spectacular views of the local lake.

Snack and hydration stations were available on both open floors.

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

Garden
The inspection took place on a very wet day, but pleasant secure gardens were available for use in better weather conditions, again with picturesque views of the local lake.

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 and relaxed atmosphere across both floors and a sense of general satisfaction from both staff and residents. There was plenty of good cheer and laughter evident. Feedback from residents was warm, complimentary and grateful about their experiences of living at the home. This was encouraging given how new the home was.

Quotes from residents included:

"All the staff are very friendly."
"I've got faith in the staff. I shouted for help this morning and they came."
"They wash me and change my clothes and they are very nice about it."
They joke with us and they make us laugh and I like that."
"There's a man and a lady who do activities like exercises, baking and word games. That gives us something to do."
"I've started to make friends already. Some of the other residents here are nice people."
"The girls are brilliant – and patient because I can be a fusspot."
"The staff range from good to excellent. They are kind, cheerful and responsive."
"I'd say this is the ideal place to be."

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. Feedback from visitors was similarly positive. One relative said, *"It's been a really good move for him overall. We are satisfied so far."*

The first ten reviews written on Carehome.co.uk were written in highly complimentary terms and averaged a score of 9.7 out of 10.

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. Moving and handling manoeuvres were undertaken carefully with dignity and respect.

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 soreness in the groin and a urine infection. There were informative summaries of the key aspects of each person's care written on the opening page.

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

A general comment on the care plans was that they could be more precise about peoples' needs. For example, Resident 5's skin integrity (groin soreness) care plan stated, *"Staff to encourage repositioning regularly to prevent further breakdown of skin."* The care plan did not say how often this was necessary, whether the person could reposition themselves and merely needed verbal encouragement to move or whether active physical repositioning was required.

Resident 5's mental capacity care plan indicated some short-term memory loss but did not state explicitly that the person had capacity to consent to their care, which was they did. Resident 5 had epilepsy and the care plan indicated that staff would be trained in 'seizure recognition.' The operations director did not believe this training had taken place, but undertook to look into the matter and check.

Resident 5's care plan switched back and forth between the first person ("I wish") and the third person ("[Resident 5] wishes"), which did not read well. There are different perspectives on whether care plans should be drafted in the first or third person, although regulation is silent on the matter. Each care plan should be consistent all the way through.

See Recommended Actions 9-11.

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 aspects of their care. However, these were not well completed and indicated a training need on the part of the senior staff at the home.

For example, Resident 6 had 2 MCAs. One was for the use of a sensor mat and the other was for 'not leaving the building alone, full support with care needs and nutrition and hydration.' The second MCA was too general, that is to say it did not cover one **specific decision**, which is important. This MCA should be split into three different MCAs, one to cover nutrition, one to cover personal care needs and the other to cover whether the person has the capacity to leave the home unaccompanied.

In Resident 6's case the text under each of the questions in the 4-stage capacity tests was too general. An answer given about whether Resident 6 can understand information relating to a specific decision was, *"[Resident 5] lives with dementia and lacks capacity in making decisions."* The same text was stated for each of the 4 different questions. In the case of Resident 7's MCAs there was no explanatory text.

Resident 7 was missing an MCA for the use of a sensor monitoring mat.

The process for undertaking and recording MCAs needed some thought, further learning and reflection. Establishing which decisions a person can and cannot give consent to is the first thing that needs clarifying when building a meaningful care plan. In summary, as a minimum, the following must be in place:

Where there is a doubt about a person's capacity to consent to any aspect of their care that could constitute a deprivation of their liberty, there must be a mental capacity assessment (MCA) undertaken. If the MCA (through the 4-stage test)

establishes the person lacks capacity to consent to the area of care being assessed, then a best interest decision process will need to follow. Key specific decisions` to consider for each person would be:

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

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

See Recommended Actions 12-14

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. Fluid records indicated people on hydration watch were offered sufficient fluids.

Food records were reasonably good, but there were a few missing entries (for people who were marked as being on nutrition watch) as follows:

Resident 8 – 27th August – Evening Meal
30th August – Breakfast and Evening Meal

Resident 2 - 27th August - 2nd September – No records of any evening meal

Resident 9 - 29th August – Breakfast
30th August – Breakfast

See Recommended Action 15.

The operations director advised that Oyster Care were moving towards recording all applications of emollient creams on the PCS system, although this had yet to be implemented at Lake View Lodge.

See Recommended Action 16.

Activities Arrangements
Activities were taking place during the day. Feedback from residents indicated they enjoyed many of the activities and were grateful for them.

The activity function 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

CQC Notifications

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

Registered Manager

The manager, Becky White, was in the process of preparing her application to CQC for registration as manager. Becky has been registered with CQC before, albeit in a different field of care provision.

CQC Rating

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

Management Audits

A robust internal auditing system was in place, as was the case throughout Oyster Care's homes. The auditing system covered a wide range of key areas. The sheer amount and depth of the auditing gave confidence the home was well run. Actions identified through the audits were placed on a home action plan.

Some of the governance work completed in August 2025 were demonstrated by the manager and included:

- Catering audit
- Grab bag (fire) checks
- Resident meeting minutes
- Relatives meeting minutes

- Catering team meeting and nutrition review meeting
- HR audit (personnel files)
- Pressure cushion audit
- Mattress audit
- First impressions audit
- Lifestyle audit
- First aid box audit
- Fire drill (audit and practical)
- Unannounced night visit
- Medication audits
- Dining experience audits
- Pressure ulcer audit
- Moisture lesions audit
- Bed rails / grab rail audit
- Wounds audit (it was noted that one wound was missing from the list and would be added)
- Weights and weight loss management
- Infections audit
- CQC notifications
- DoLS review
- Duty of candour review
- Safeguarding log
- Complaints (none)

The provider regularly undertook staffing KPIs, dependency audits, accident and incident analysis and monthly governance reports (conducted by regional staff), although this was not assessed at this inspection.

Every day there was a resident of the day process. The governance work was monitored both by the management team and by senior management staff of Oyster Care. The governance systems for the home were early in their implementation, but were built to cope with significant growth.

Management and Leadership Observations.

The manager had taken up post after some unplanned management gaps and changes during the first few months of the home's existence. The manager said she had tackled a little bit of cultural negativity ('he said / she said' gossiping etc), but

that staff had responded well to her interventions. All staff reported that they liked the manager and were happy working at the home. Any historical problems resulting from the gap in management were not apparent during the inspection.

As well as getting to know the team and embedding a positive culture, the manager had focused on catching up with staff recruitment. These efforts were starting to bear fruit with several staff awaiting start dates. The next priorities were to achieve CQC registration as manager and to focus on some of the detailed recommendations in this report, especially around care planning and mental capacity understanding.

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

Required and Recommended Actions

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

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

1	Please investigate the circumstances of Resident 1's incorrect stock count for the Lansoprazole medication.
2	Please ensure that medication trolleys are attached to the wall in the medical room when stored.
3	Please ensure that bottles of liquid medication are dated upon opening.
4	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.
5	Please correct the inaccurate information on the DoLS log.
6	Please consider undertaking a full in-person survey about the standard and quality of the food.
7	Please remind staff not to call across tables when people are eating their lunches.
8	Please consider playing old-style music as background music over lunch. Perhaps consult with the residents to establish precisely what they would like.

9	Please ensure care plans do not switch continuously between the first and third person.
10	Please ensure that appropriate epilepsy training is delivered to the staff team to enable them to care for Resident 5 safely.
11	Please update Resident 5's skin integrity and mental capacity care plans, as explained in the main body of the report.
12	Please ensure that each mental capacity assessment considers only one specific decision.
13	Please ensure staff record information under the 4-stage test questions that is directly relevant to each question.
14	Please consider the list of key specific decisions a person may lack capacity to consent to (stated in the main body of the report) and ensure that these mental capacity assessments are undertaken for people when relevant. For example, please ensure an MCA is undertaken for Resident 7's sensor monitoring mat.
15	Please remind staff to complete the food and nutrition charts of people on nutrition watch for all their key meals.
16	Please complete the implementation of recording emollient cream applications on the PCS system.

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.

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