



**THE WOODBERRY**  
PARTNERSHIP

# INSPECTION REPORT

## MIDDLESHAW HILLS

CQC RATING GUIDE: 'GOOD'



Privately Commissioned Inspection for

## **Middleshaw Hills**

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Date of Inspection:  
4<sup>th</sup> December 2025

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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 **Middleshaw Hills**. Middleshaw Hills is a new purpose-built residential care home for older people including people living with dementia, located in the village of Barrow, Lancashire. The home's facilities are excellent and the environment is amongst the most impressive in the residential care market. The home opened in May 2025 and already had 27 people in residence. This was a full privately commissioned inspection.

The findings of this visit were very encouraging and indicated a positive, proactive and reassuring start to life at the home. The atmosphere of care and support was strikingly happy, relaxed and cheerful all day. Staff described Middleshaw Hills as a "*Hotel of Happiness*" and everybody was bought into this idea. 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, encouraging, compassionate and friendly. Staff through their actions demonstrated a kind and considerate culture at all times. Residents and their relatives were highly complimentary about the care delivered.

There was plenty of evidence of meaningful activities having 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. The customer relations manager and lifestyle manager were an effective team, albeit at an early stage, and they had lots of ideas for the future. 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.

There are very few recommended actions made in this report. The suggestions made were relatively minor matters that will be easily resolved.

The team responded well to the inspection process and were keen to learn and to continuously improve. The home was one of the most pleasant and welcoming care homes I have visited in a long time. If the team can sustain this level of performance as the home grows and develops then a very bright future awaits for everyone involved.

## 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 very 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. There were 27 people in residence on the day of my visit. The home had grown well since opening and was already proving popular in the local area.

The current staffing levels were as follows:

#### Ground Floor (21 people in residence)

(am) 1 unit manager, 1 senior care assistant and 4 care assistants

(pm) 1 unit manager, 1 senior care assistant and 4 care assistants

#### First Floor (6 people in residence)

(am) 1 senior care assistant and 1 care assistant

(pm) 1 senior care assistant and 1 care assistant

At night the home was staffed by a night care manager, a senior care assistant and two care assistants.

### 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. 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 third 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 who had been appointed pending recruitment checks were four senior care assistants, three care assistants, a head chef and some bank care assistants. There were two more vacancies for part time late shift workers. This would mean occupancy numbers could then rise to around 37.

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 on the computer system, were well put together and contained all of the information required by regulation and other information indicative of good and safe recruitment practice. Information seen included:

- Recent photographs
- Application forms 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
- Evidence of relevant qualifications

One person had not provided a certificate to evidence their QCF qualification to level 2 in health and social care, as is required by regulation. This was because they could not locate it. The training manager had decided that the person needed to work through the care certificate again to evidence the basic knowledge required for the role.

### **Open Safeguarding Cases**

The manager advised there were no open safeguarding cases relating to the home and no complaints or other concerns sitting with local authorities or CQC.

### **Medication Management**

Medication trolleys were kept in secure medical rooms on each floor. At this visit I audited the medical room on the ground floor. 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 one PRN protocol.

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.
- 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.
- The staff wore 'Do Not Disturb' tabards when administering medication.
- Applications of emollient creams were recorded on the EMAR system.

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 were mostly well written, containing enough information to ensure consistent administration between different staff. There was one exception, for Resident 1's pain medication, which was somewhat generic. The unit manager said that Resident 1 had the capacity to understand her medication and would ask for it when she needed it. She suffered with lower back pain, which was why the medication was prescribed. This information should have been in the PRN protocol.

### **See Recommended Action 1.**

#### **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. COSHH products were stored safely throughout the home, including in cupboards under the sinks in the lounge / dining rooms. Sluice rooms were kept locked with keypad locks.

#### **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**

Kitchen practices were not assessed 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 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 one of the friendliest and most welcoming care homes I have visited. The staff were deliberate and proactive in their friendliness to all around them. This was palpable and was the culture that had been intentionally created. Several staff and residents referred to Middleshaw Hills being known as the “*Hotel of Happiness.*” It seemed that this phrase had developed organically, was authentic and was bought into by everyone.

Staff spoke in warm terms about their colleagues and compared the home positively against their experiences of working in other care settings. Comments included:

*“It’s been lovely working here. It’s such a nice team, so welcoming.”*

*“So quickly we seem to have built up this brilliant team. It’s not really like being at work.”*

*“Charlotte is brilliant. She’s so approachable. We’ve really bonded as a group to go on this journey together.”*

*“I’m used to working in the NHS. This is different. You have lots of time to make a real difference to the people we care for.”*

*“This is such a friendly place to work. We don’t tolerate ‘mood hoovers...’”*

## 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 **95%**.

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).

9 DoLS applications had been submitted although none of them had yet been determined by the local supervisory body. The management team knew that CQC notifications were required when the DoLS applications were determined.

## Eating and Drinking

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

- Background music was playing and there was a certain amount of singing along.
- 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.
- Staff interacted with residents in a pleasant, cheerful and relaxed manner.
- Choices of different drinks were given to people, including wine.

- Choices of main courses were given to people. A lighter lunch was served, with the main meal dished up in the evenings.
- There were also choices of different desserts.
- Staff were around to assist as necessary and to provide plenty of laughter and good cheer.
- One-to-one assistance was given individually and from a seated position.
- Nobody was rushed with their meals.
- Feedback on the quality of the food from residents was all positive.

## **Premises Presentation**

### **Entrance and Reception Area**

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

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

### **Design and Adaptation**

The home was designed and purpose built for people who have mobility restrictions. All bedrooms had en-suite toilets and wet room showers. Full assisted bathing facilities were also available on each floor.

### **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. Snack and hydration stations were available.

The home was festive throughout, with plenty of Christmas decorations that had been put up recently by the team.

## **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, although these were not looked at in detail given that it was a cold, wet day.

## 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 fun and jolly 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:

*"I'm very happy here."*

*"I didn't want to come in here at first because I didn't want to be in a care home, but I've settled in and I'm a lot happier now. It's worked out really well. I have no concerns at all."*

*"I do get well looked after, but if I didn't I'd tell them."*

*"There are lots of activities and other things to do if you want to join in."*

*"It's very nice here. The staff are good people. Everything suits me fine. Nice food and it's very friendly. I'm absolutely happy where I am."*

*"It's neat and tidy. They are all nice and friendly to me. The food that the kitchen dish up is alright – it's decent."*

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. There was only one situation where a person's hair looked a little unkempt and tousled after she got up. A staff member noticed this quickly and assisted the person to brush their hair without making a fuss about it.

## **Visitors**

Visiting was able to take place unrestricted. Visitors were similarly complimentary about the staff and the service. One person said, *“[My relative] was in a different home in Burnley that we weren’t happy with. This place has been much better. We have no concerns at all.*

The first 4 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. 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 weight loss and the management of a pacemaker. 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 2 was a male resident who had not had a shave on the day of the inspection. The staff said he sometimes did shave and sometimes did not. There was no information about his shaving habits written in his personal care plan.

**See Recommended Action 2.**

### 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 admission to Middleshaw Hills.
- Consenting to personal care
- Medication administration
- Leaving the building unsupervised
- Use of sensor monitoring equipment

In Resident 3's MCA for sensor monitoring equipment there was a reference to medication. This was a recording error that was corrected on the spot.

### **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 indicated that people received sufficient nutrition and hydration.

Resident 4's care plan stated she required repositioning by staff 2-hourly during the day and 4-hourly during the night. The day records were well kept but staff had not recorded any repositioning interventions during the nights, with long gaps of around 12 hours for most nights in the last week. The manager said Resident 4's care plan needed reviewing, as she probably did not need the night-time repositioning.

**See Recommended Action 3.**

### **Activities Arrangements**

There were several meaningful and enjoyable activities taking place during the inspection day. There was a lively afternoon disco that was enjoyed by many of the residents, some scarf juggling and a cheerful exercise session in the morning.

The lifestyle manager and the customer relations manager 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. The team wanted the home to be seen as a key venue for local events to be hosted.

Some recent events that had been organised were a professional firework display, a Halloween party with some Shetland ponies and a Christmas light 'switch on' event. There was a Santa's grotto, which had proved popular.

There was a good link that had been forged with the primary school next door, where a full planner of monthly events had been agreed. There was a pen pals group where some of the children had written to residents and vice versa, a Remembrance Day event, a cinema day and a school choir performance. Some toddlers had been brought in from a local nursery and they enjoyed an activity making shortbread with some of the residents. Entertainers came in to provide yoga sessions, music performances and dance classes. Local church groups also visited the home.

There had been a trip out to the local school to watch their school play. The residents had been out for walks. There were plans for participation in a local dementia sing-a-long group. There were also quizzes, games, arts and crafts and a regular 'Friendship Friday' group that mainly involved residents, their relatives and cakes.

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 customer relations manager, 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

Charlotte Pardon was registered as manager with CQC.

### 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 manager demonstrated the auditing system effectively.

Audits for November 2025 included:

- Daily audits and walkarounds
- 10 at 10 meetings
- Daily clinical reporting
- Resident of the day work
- Grab bag audit
- 5-day audits after new admissions
- Pressure ulcer audits
- Moisture lesions monitoring (none)
- Bed rails (none, but 4 grab rails)

- Wounds lists
- Weights and weight loss management audit
- Infections and trend analysis
- Distressed behaviour tracker
- CQC notifications
- DoLS review
- Duty of candour letters (none)
- Complaints and compliments
- Equipment log
- Hoists and slings audit
- Safeguarding review
- Care plans (10%)
- Falls summary
- Catering audit
- Dining experience audit
- Fire safety audit
- Fire drill audit
- First aid box audit
- First impressions audit
- Lifestyle audit
- Mattress audit
- HR audit
- Accidents and incidents review, with graphical and trend analysis
- Dependency monitoring

There was also call bell response time monitoring information. Recent data was showing around 85% of call bells answered in under 5 minutes, with around 7% answered between 5 and 10 minutes and 7-8% in over 10 minutes. This did not accord with the responsive team that was witnessed and it was likely that the information presented was not accurate. This was confirmed by the manager who said that various issues like doorbells not being switched off and staff accidentally triggering PIR sensors and then leaving them on were corrupting the data. This will be worth sorting out, as when there are twice as many residents in the home the call bell response time data will need to be accurate so that the management team can monitor trends of responsiveness to call bells.

**See Recommended Action 4.**

### **Provider Oversight**

The management team said they had been well supported by Crystal Care's senior management. The managing director came to the home for part of the inspection and the regional manager was present throughout the inspection.

### **Management and Leadership Observations.**

The home had been very well managed so far by a cohesive, friendly and proactive management team. Everyone knew their roles well. The functioning of the home at all levels was testament to a successful job so far. There was a long way to go, but the project was exactly where one would want it to be at this stage of its development.

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 improve the information in Resident 1's PRN protocol.
2	Please review the personal care plans of male residents to ensure their shaving requirements are made clear.
3	Please review Resident 4's care plan in relation to the amount of repositioning required.
4	Please work on correcting the glitches in the call bell monitoring statistics, such that the information presented is reliable and useful in the future.

## 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](http://www.woodberrypartnership.co.uk)

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