



**THE WOODBERRY**  
PARTNERSHIP

# INSPECTION REPORT

## POTTER HOUSE

CQC RATING GUIDE: 'GOOD'



Privately Commissioned Inspection for

## **Potter House**

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Date of Inspection:  
26<sup>th</sup> March 2026

## Contents

Executive Summary	4
CQC Rating Guide	6
CQC Key Question – Safe	7
CQC Key Question – Effective	11
CQC Key Question – Caring	15
CQC Key Question – Responsive	17
CQC Key Question – Well Led	20
Required and Recommended Actions	23
Inspection Methodology	25
Introduction to Author	26

## 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 **Potter House**. Potter House is a new residential care home for older people including people living with dementia, located in Yeovil, Somerset. The facilities are impressive and the environment is amongst the best in the residential care market. The home had been open for nearly a year, opening in April 2025, and there were 22 people in residence. This was my second visit to the home and followed up an initial inspection in September 2025.

The home was being managed by the provider's quality manager, who had been seconded to run the home for a period of 12 months after the departure of the registered manager. This was to provide some stability and reassurance after two early management changes. The home's care manager had been a key member of the team since the home opened.

The findings of this visit were much more positive, with the atmosphere being calm and the shift better organised than was the case in September. There was a cordial atmosphere of care, compassion and cheer that was evident throughout the home. Residents were complimentary about the care provided and the observed care was of an outwardly high standard. Staff were attentive and helpful at all times when interacting with residents and spoke happily when discussing their roles.

Regulatory compliance and governance systems were robust, ably demonstrated by the care manager and were already embedded. The home's environment was clean and well presented. There were plenty of staff on duty and the lunchtime experience was well managed.

Staff spoke highly of the new manager and the management team. Supervision and appraisal had fallen behind, although this was partly due to many appraisals becoming due all at the same time as the original staff group had been employed for a calendar year.

Care planning was mostly of a good standard, with discussion focusing on one or two minor anomalies relating to peoples' mental capacity. Medication systems were well managed, although in one case some tablets had been placed next to a person in a communal area out of the sight of the person administering the medication. This staff member would not have been able to verify whether the tablets had been taken safely by the right person. Care staff needed to reflect upon the safe storage of cleaning items that can be harmful to people living with dementia.

The team received the inspection professionally, took constructive criticism well and were keen to learn and improve. The home was a pleasant and welcoming place to visit.

## 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 well-earned guide rating of ‘Good.’

Attention to the recommendations in this report will only serve to solidify the rating 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 Provision

The home is registered for a maximum of 66 older people, including some who were living with dementia. There were 22 people in residence on the day of my visit. The home was laid out over two floors. 18 people were living on the ground floor, with 4 on the first floor. Most people living upstairs came down for lunch, socialising and entertainment.

Care staffing levels across the home were as follows:

- (am) 1 deputy manager, 1 senior care assistant and 3 care assistants
- (pm) 1 deputy manager, 1 senior care assistant and 3 care assistants
- (nights) 1 deputy manager, 1 senior care assistant and 1 care assistant

This was a minimum staffing level and there were often more people on duty due to contractual obligations with the home being staffed to grow. One of the care assistants came in early (at 7am) to assist the night staff with people getting up. Another of the care assistants stayed until 10pm to assist the night staff with helping people get ready for bed.

### Ancillary Staff

In addition to the care staff there were kitchen staff (chef or sous chef and kitchen assistant each day), a maintenance manager, administrator, customer relations manager, a head housekeeper and the domestic team (which included dedicated laundry staff). There were vacancies for both lifestyle/activities staff and these were two key posts to fill.

Gardening, hairdressing and chiropody services were contracted externally. The team was managed by the manager and the care manager, both of whom were supernumerary to the care staff. This was a good level of ancillary staff for a home of its size.

The management team undertook a regular dependency monitoring exercise as one way of ensuring the staffing was sufficient. The dependency monitoring exercise suggested staffing levels were above they necessary minimum. Staff agreed that levels were comfortable and peoples' needs could be appropriately met. The shift was much better organised than was the case in September.

### **Staff Vacancies**

The home was well staffed for its occupancy numbers. There were two bank care assistants and a housekeeper who had been appointed pending recruitment checks. Recruitment was underway for the two activities staff and a deputy manager. Interviews had been lined up for the following week.

No agency staff had ever been used at the home.

### **Staff Recruitment Information**

Recruitment information for staff was held on file. 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

## Medication Management

The medication trolleys were kept in a secure medical room on the ground floor. There was another medical room on the first floor. The systems were ably demonstrated by the care manager. 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 trolleys were tidy and 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. Two random stock checks tallied correctly.
- Do not disturb tabards were worn by staff administering medication.
- PRN protocols were well written, which was an improvement from September.

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 one. There should have been 12 sachets of Resident 1’s Laxido Orange, but there were 13 sachets in stock.

One bottle of liquid medication had not been dated upon opening. This was paracetamol suspension for Resident 2.

One resident was sat at the breakfast table and there was a paper pot with two tablets next to her. The staff member responsible had given them to her like this and then had continued to administer medicines to other people. This was poor practice as it was not possible for the responsible staff member to verify that the tablets had been taken safely by the right person.

**See Recommended Actions 1-3.**

## **Premises Safety & Management**

The home was new and was spotlessly clean and well presented. No unpleasant odours were noted anywhere. The home's environment was warm and inviting.

Sluice rooms were locked at all times. There were two separate examples of the cupboard under one of the sinks being left unlocked. On one occasion the key was left in the door. This meant that cleaning chemicals and dishwasher tablets were accessible. These items can be harmful to people living with dementia and must be kept locked away at all times.

**See Recommended Action 4.**

## **Laundry Room**

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

## **Kitchen**

The home had received its first environmental health inspection, scoring 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 that there were 12 supervision meetings overdue and 16 appraisals. This was partly a legacy from the previous management regime and partly due to the appraisals all becoming due at the same time for the original core group of staff who had started a year previously.

### See Recommended Action 5.

### Staff Feedback – Morale

The staff spoken with were much happier than was the case in September. They said they felt well supported and their job roles were workable and fun. There were no concerns raised about workload or shift management as was the case last time.

Staff did recognise there had been another management change, but they spoke positively about the new manager, stating she was visible around the home and good to work for thus far. New staff said they had been made to feel welcome since joining and their colleagues had been friendly and welcoming. Two staff commented that things would be better still when some new activity staff were recruited.

### Training

When new staff were appointed to work at the home they were expected to undertake basic training to do their jobs. Mandatory training compliance figures were good, at **86%**. The non-compliance related to new staff members who were on induction and actively completing their training, as well as the original core group who needed to refresh some of their learning.

Mandatory training was wide-ranging, including autism, learning disabilities, COSHH, dementia awareness, dignity in care, dysphagia, end of life care, equality and diversity, fire safety, first aid, basic food hygiene, GDPR, health and nutrition, health and safety, infection control, MCA/DoLS, medication, mental health awareness, moving and handling, oral hygiene, pressure area care, falls awareness and safeguarding.

### **Mental Capacity - DoLS**

The management team had a good understanding of DoLS requirements. A clear matrix was in place and showed that four DoLS applications had been made for people who fell 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).

Three of the applications been determined (approved) by the local supervisory body and CQC notifications had been submitted as required. The other application was still awaiting determination.

### **Eating and Drinking**

I witnessed the lunchtime experience across the ground floor dining rooms. This was a much more relaxed and effective experience for people than in September, with meals being served promptly and efficiently. Staff organised the process well and much good practice was observed, including:

- Appropriate background music was playing.
- Tables were nicely laid.
- Menus were on display.
- People were given choices of where to sit.
- Staff were wearing appropriate protective equipment in the form of washable aprons.
- Napkins and clothing protectors were available.

- Choices of different drinks were given to people.
- Choices of different main courses were given to people using two different plated-up alternatives. This is the best way of offering meaningful choices to people living with dementia.
- Plenty of staff were around to assist and did so where necessary in a pleasant, helpful and unfussy manner.
- Nobody was rushed with their meals and desserts were served at the appropriate time.
- Feedback from residents about the quality of the food was complimentary.

## **Premises Presentation**

### **Entrance and Reception Area**

The home had a bright and welcoming entrance and reception area, staffed by a friendly and welcoming administrative staff. There was a fully working tea and coffee bar and plenty of comfortable chairs to sit and watch the world go by. Fresh cakes were made daily. 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.

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 and dining rooms in the home, including a state-of-the-art cinema room, library area, garden rooms and a fully kitted out hairdressing salon.

Impressive and well stocked snack and hydration stations were available on the ground floor.

## **Bedrooms**

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

## **Garden**

The secure gardens around the home were well kept and nicely presented. Some of the ground floor rooms had areas outside their patio doors for individual people to sit and enjoy the good weather in the 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

There was a warm, pleasant and helpful relationship in evidence between the staff and the residents. The interactions I witnessed were cheerful and friendly. There was some fun and laughter. Staff broke off conversations with me in order to attend to residents' presenting needs as the first priority and this was unchanged from September's visit.

I spoke with several residents during the day. They were complimentary about the care given to them at the home. They were relaxed and comfortable in their surroundings. Nobody raised any concerns. Quotes included:

*"I'd say the staff definitely do their jobs well."*

*"I'm looked after royally. It's a nice place to be for me."*

*"The staff are lovely. I can be an awkward bugger sometimes, but they are really friendly, patient and charming."*

*"The staff know to leave me alone when I want to be left alone."*

*"The breakfasts are really good."*

*"I'd say the food is quite good. Here is as good as anywhere."*

*"I enjoy having my hair done every week."*

*"I'm very pleased with it – it's fine and easy and I'm not bossed around."*

*"The carers are very kind – it's just like home."*

*"The staff are the best. They are pleasant company and always laughing."*

*"This home is ten times better than the last one I was in."*

*"You get attention immediately when you ask for it."*

*"I can't grumble about anything."*

*"We get offered coffee and cakes all the time."*

*"We painted mugs yesterday, which was good fun."*

*"You can't get 'perfect' anywhere, but this is as close as you can get."*

All of the residents I met were well presented and clean, indicating good attention to personal care on the part of the staff team. People were supported to wear properly fitting clothing.

### **Visitors**

Visiting was able to take place unrestricted. I did not get the opportunity to speak to any relatives this time.

The latest Carehome.co.uk rating was high (9.9 out of 10 from its first 19 reviews), indicating satisfaction from relatives about the care given to their loved ones.

### **Dignity**

Staff routinely knocked on people's bedroom doors before entering their bedrooms, indicating respect for their personal space. People had call bells to summon attention when they were spending time alone in their rooms and these were left within their reach. Other people had pendants around their necks. Continence products were stored discreetly. Staff were alert to dignity issues and intervened without fuss when they arose.

### **Confidentiality**

Care plans were password protected on computer systems.

## 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 pre-admission assessments of people and covered the usual aspects of daily living. The care plans were well written. There were examples of care plans written for additional specific issues, such as the use of anti-coagulant medication. Full care plans were in place for a person who had only been resident for four days.

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

Resident 2's personal care plan indicated that she should be offered a shower on a daily basis and it was followed by a variety of clear instructions about the specific support that should be given. There were no records of Resident 2 having a bath or shower in the past 28 days and little evidence in the care notes of this being offered.

Resident 1's personal care plan was incorrect as it stated she was independent with personal care. She required the assistance of one member of care staff. Again, there was no record of the person having had or been offered a bath or shower in the past 28 days. Resident 3's personal care plan stated that he should be offered a bath or a shower daily. There was no record of Resident 3 having a bath or shower since 4<sup>th</sup> March.

**See Recommended Action 6.**

## Consent to Care and Treatment

Mental capacity assessments (MCAs), best interest decision records and mental capacity care plans were of a much better standard than was the case in September, although the following further comments are made:

Resident 4 had a mental capacity assessment (MCA) written for “mental capacity.” This was not correct, as each MCA must be decision-specific rather than a blanket determination of capacity. A best interest decision had been written following the MCA and it concluded that she lacked capacity. This was in direct contradiction to the person’s care plan, which stated that she had full capacity to consent to her care and that a DoLS application was not required.

Resident 5 had been assessed as having capacity to consent to her care. However, the mental capacity care plan contradicted this stating, “[Resident 5] does not have full capacity in all areas due to short term memory loss.” In reference to the Mental Capacity Act, capacity to consent to a specific decision is a binary. A person either has it or is assessed as not to have it. In reality many people who have capacity to consent are forgetful or have times where they may struggle a bit more to comprehend issues. Until this situation becomes all-consuming they are deemed to have capacity as, with a moderate amount of effort and support to find the right time to have the appropriate conversations, they can make key decisions for themselves. Resident 5’s care plan should be reviewed from this perspective.

**See Recommended Actions 7 & 8.**

## Daily Care Records

Hygiene charts were in place for everyone and these indicated personal care had been given regularly in the majority of cases and as required (notwithstanding the comments in the above section relating to Residents 1-3). Applications of emollient creams were well recorded on the PCS system. Fluid intake was diligently recorded for people on hydration watch.

Food records were kept regularly, but there was a key difference in how different staff recorded the food consumed. Some staff wrote, “Had lunch” or “Had supper” whereas other staff recorded a description of the food eaten. The latter was better and more effective.

## **See Recommended Action 9.**

### **Activities Arrangements**

The manager was in the process of recruiting a new lifestyle and activity team with interviews planned for the following week. The care staff undertook some pleasant activities during the day with people and there was a singer in the afternoon who came into the home to entertain people.

Other activities advertised included card games, crosswords, a choir practice, seated exercises, newspaper review, a fabric workshop for Easter, wine and cheese evening, film evenings, arts and crafts and reminiscence.

## 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

There had been no registered manager at the home for a little while. Hayley Fletcher had applied for her DBS countersigned by CQC. Once that was returned a full application for manager would be submitted.

### Last CQC Inspection Rating

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

### Management Governance and Audits

A robust internal auditing system was in place, as was the case throughout Crystal Care's homes. The auditing system was robust and covered a wide range of key areas. The sheer amount and depth of the auditing gave confidence the home was well run. The management team believed in the governance system and felt it would help to keep them safe as both the home and the organisation grew. Actions identified through the audits were placed on a home action plan.

Governance was ably demonstrated by the care manager (for February 2026) and included:

- Pressure ulcer review (none)
- Moisture lesions review
- Bed rails review (none)
- Wounds review
- Weights and weight loss management information
- Infections review

- Distressed behaviour records
- Review of antipsychotic medication (none)
- CQC notifications review
- DoLS review
- Duty of candour letter review
- Safeguarding log
- Complaints review (none)
- Equipment log
- Maintenance certification review
- Dependency monitoring
- Call bell response time monitoring (good results so far)
- Accident and incident review, with graphical and trend analysis
- Lifestyle audit
- First aid audit
- Catering audit
- Medication audits
- Day and night fire drill
- Pressure cushion audit
- First impressions audit
- Management review of care plans (10%)
- Daily clinical oversight forms
- Handover forms
- 10 at 10 communication meetings
- A variety of important monthly meetings with different departments and minutes

### **Provider Visits**

The provider had an in-depth MGV (monthly governance visit) that the regional director completed every month, in addition to the other support that would be provided to the team. Actions from the MGV were added to the home's action plan as required.

### **Management and Leadership Observations**

After the second manager had left the home there were some concerns raised from relatives about stability. The regional manager and the operations director conducted a meeting with relatives to provide reassurance. The provider's compliance manager was appointed on secondment for 12 months to provide much needed stability.

The main finding of this inspection visit was that the home was being well run and issues were being identified and dealt with effectively. The staff morale came across as much happier and the care was better organised.

Some recommendations were made from the inspection process. The whole team received the inspection professionally, took constructive criticism well and were keen to learn and improve. The home was a pleasant and welcoming place to visit and there was much hope for a successful future for Potter House.

## 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 Resident 1's Laxido Orange stock anomaly.
2	Please ensure that bottles of liquid medication are dated upon opening.
3	Please remind senior staff never to leave tablets in pots next to people on communal dining tables, as it is not possible to then verify that the tablets have been taken safely by the right person.
4	Please ensure staff keep potentially hazardous cleaning materials and dishwasher tablets locked away at all times when not in use.
5	Please put together a plan to catch up with the outstanding supervisions and staff appraisals.
6	Please review the personal care plans of Residents 1, 2 and 3 and ensure they are receiving the support they need to have regular baths or showers.
7	Please review and potentially delete Resident 4's MCA for 'mental capacity.'

8	Please review Resident 5's mental capacity care plan to ensure it does not contradict with the MCAs.
9	Please speak to staff about making records of all food consumed rather than merely stating 'had lunch' or 'had supper.'

## 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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