THE WOODBERRY PARTNERSHIP

INSPECTION REPORT

STOWE MOUNT

CQC RATING GUIDE: '**GOOD**'

Privately Commissioned Inspection for

Stowe Mount

Conducted by:

Simon Cavadino

Date of Inspection:

25th November 2025

Contents

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 **Stowe Mount**. Stowe Mount is a new purpose-built residential care home for older people including people living with dementia, located in Lichfield, Staffordshire. 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 there were 17 people in residence. This was my first visit to the home.

The findings of this inspection were positive and were indicative of a good start to life at the home. A new manager had started work only four weeks prior to the inspection. The manager, her new care manager and the staff group presented the service well and gave a cheerful and competent account of themselves. Residents and their relatives were complimentary about the care provided and did not raise any concerns. The staff on duty worked hard and a kind and caring culture was in evidence. Staff spoke highly of the management team and of each other. The atmosphere was calm, happy and relaxed throughout. Meaningful activities were taking place.

The home's environment was warm, clean and beautifully presented. Personal care was of a high standard, backed up by good daily care records. The lunchtime dining experience was well managed.

Regulatory compliance and governance systems were strong and were quickly becoming embedded. Care planning and daily record-keeping was of a good standard. Medication systems were safely managed. Mandatory staff training and

supervision were up to date. Staffing levels were comfortable, with staff recruited in line with regulation. The home was in a good position for continued growth.

A small number of recommendations were made from this inspection, but these were only minor and routine suggestions for desirable improvements. They were not matters that were indicative of any serious deficiency.

The team responded positively to the inspection process, were welcoming of constructive criticism and were keen to learn and to continuously improve. This first inspection augured well for a successful future for Stowe Mount, which was in a good position to grow.

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 at this early stage.

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 17 people in residence on the day of my visit, which represented a good start at this stage. The home was laid out over three floors, although only the ground floor was open. Staffing levels were as follows:

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

One of the early staff came in at 7am to assist the night staff with people getting up. One of the late staff stayed until 10pm to assist the night staff with getting people ready for bed. The manager said that the home would be safe to run on a minimum of four staff during the day, but the home was staffed to grow and so more were currently available. At night there were a minimum of two staff on duty, usually three. This often comprised of a night care manager, a senior care assistant and a care assistant.

Ancillary Staff

In addition to the care staff there was at least one member of staff on duty in the kitchen (often two), a domestic staff member and a laundry assistant on duty each day. There was a full-time maintenance manager, front of house manager, head housekeeper, customer relations manager, lifestyle manager and a lifestyle assistant (appointed pending recruitment checks). Hairdressing and chiropody services were provided by external contractors. The team was managed by the manager (supernumerary) and a care manager (also supernumerary). This was a good level of ancillary staff for a home of this size.

Staff Vacancies
The manager advised that recruitment was on track and phase one was almost complete. Four staff had been appointed pending recruitment checks – a head chef, a lifestyle assistant, a night care manager and a senior care assistant. Conversations were beginning about the possibility of opening the next floor and beginning the next phase of recruitment.

No agency staffing cover had been necessary since the home opened.

From my observations during the day the home was staffed to grow and there were more than enough staff to care for the current resident group. Staff on duty agreed this was the case and the management team were also happy with the staffing resources. The management team undertook a regular dependency monitoring exercise as one way of ensuring the staffing was sufficient, as well as their own observations and input from care staff.

Staff Recruitment files
I looked at the recruitment information for several staff recently recruited to the home. The personnel files were stored securely on the Coolcare system, were well put together and contained almost all of the information required by regulation and other information indicative of good and safe recruitment practice.

Information seen included:

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

There was one piece of information missing from the personnel file of Staff Member 1, which was a copy of the certificate to evidence her qualification to NVQ Level 3 in Health and Social Care. This is required by regulation.

See Recommended Action 1.

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

Medication Management
The medication trolley was kept in a secure medical room on the ground floor. There were medical rooms on the other floors ready for when they opened. The medication systems were demonstrated capably by the unit manager and the senior care assistant on duty. I found the systems to be safe and well managed.

Good practice included:

- Keys were kept by the senior members of staff in charge.
- Plastic spoons and paper pots to assist with administration were single-use.
- Storage temperatures were monitored daily for both the medication room and the refrigerator.
- Bottles of liquid medication were dated upon opening.
- The trolley was tidy and well organised and attached to the wall when not in use.
- Medication was delivered regularly in original packaging – a non MDS approach.
- Storage facilities for controlled drugs were in place, with a random stock audit showing correct stock levels.
- The staff wore ‘Do Not Disturb’ tabards when administering medication.
- PRN protocols were well written and accessible on the system, containing sufficient person-centred information to enable consistent administration.

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.

Premises Safety & Management
The home was warm throughout (on a cold day), spotlessly clean and well presented. No unpleasant odours were noted anywhere.

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 home employed 36 staff. The provider used a system called Coolcare to monitor the frequency of supervision and appraisal meetings. The system showed all supervisions were up to date apart from one. The home had not been open long enough for appraisals to be due. Minutes of supervision meetings were kept on personnel files and were signed by both parties.

Staff Feedback and Morale

Staff spoken with said they enjoyed their roles. Staff were chatty, open and enthusiastic about their work. Several staff compared the home favourably with other care services they had worked in. They all praised the new management team and commented that they were much more approachable than the people who ran the home before.

One staff member said, *"Everyone's gelled really well. I've been made to feel very welcome."* Another member of the team said, *"It's a lovely group of residents. The managers are nice people. We have plenty of staff and I'm looking forward to being part of growing the home."* One staff member even said, *"It's not really like coming to work, so I must be in the right place."*

Training

When new staff were appointed to work at the home they attended an induction course provided by Crystal Care Homes that equipped them with the basic training to do their jobs. The compliance level for mandatory training was at **93%**, which represented a good compliance level. The compliance would be 100% were it not for a few new starters working their way through the required training.

Mandatory training included COSHH, medication (for relevant staff), dementia awareness, dignity and respect, equality and diversity, fire safety, fire drills, first aid, basic food hygiene, GDPR, health and safety, infection control, MCA/DoLS, moving and handling, nutrition, PPE (donning and doffing), safeguarding, pressure area care and understanding autism.

Mental Capacity - DoLS

The management team demonstrated a good understanding of DoLS processes. DoLS applications are required for people who fall into all three of the following criteria:

a) those who lack capacity to consent to their care and treatment in the home due to dementia or severe illness;
b) those who are not free to leave the home as and when they please (i.e. staff would stop or divert them if they tried to);
c) those who need continuous monitoring (i.e. staff control all their medication, nutritional intake, activities etc).

4 DoLS applications had been submitted, with 3 determined by the local supervisory body. CQC notifications had been submitted as required when the applications were determined. DoLS information was presented and monitored on a spreadsheet as part of the monthly governance systems.

Eating and Drinking

I witnessed the lunchtime experience in the ground floor dining room. Staff worked effectively to make this a positive experience. Good practice included:

- Classical music was playing in the background, which contributed to a calm atmosphere.
- People were given a choice of where to sit.
- Tables were nicely laid, with well-presented menus on display.
- Staff were wearing appropriate protective equipment in the form of washable aprons.
- Plenty of staff were available to assist and they interacted with residents in a pleasant and relaxed manner.
- Choices of different drinks were given to people, including wine.

- The food served was nicely presented. The main meals were served in the evening and the lunch was a lighter lunch, such as soup and a roll or salads and sandwiches.
- Nobody was rushed with their meals.

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.

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

Design and Adaptation
The home was designed and purpose built for people who have mobility restrictions. All bedrooms had en-suite toilets and wet room showers. Full assisted bathing facilities were also available on each floor. Corridors were spacious with hand-rails all the way along.

Communal Rooms
The lounges and dining rooms were welcoming, clean and very nicely furnished. There were a variety of different lounges and dining rooms in the home, including a state-of-the-art cinema room, library, tea-room and sky bar. There was also a fully kitted out hairdressing salon. There was a secure accessible balcony on the first floor that would be a popular space in warmer weather. A snack and hydration station was available in the main lounge on the ground floor.

Bedrooms
The occupied bedrooms were nicely personalised with people's own belongings 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 presented. Some of the ground floor rooms had areas outside their patio doors for individual people to sit and enjoy the sunshine in the spring and summer.

The garden had a wildflower area, which was being trialled until next year.

CQC Key Question - Caring

The following CQC quality statements apply to this key question:

- Kindness, compassion and dignity
- Treating people as individuals
- Independence, choice and control
- Responding to people's immediate needs
- Workforce wellbeing and enablement

Residents

An upbeat and cheerful, yet respectful relationship between the staff and the residents was observed throughout. There was a calm, caring and relaxed atmosphere and a sense of general satisfaction from both staff and residents. Feedback from residents was warm, complimentary and grateful about their experiences of living at the home. This was encouraging given how new the home was. Quotes from residents included:

"I could tell you all the faults, but there aren't any, so I have nothing to say."
"The staff are wonderful – all of them."
"The carers are pleasant and approachable. I've made some new friends and acquaintances here. I didn't like the food at my last home – it is much better here."
"There's nothing basically wrong with the home. The new manager is a 'fixer,' she listens, it's what we need."
"All the staff are great. I can press my button and they come to help me."
"We're being taken shopping next week in Tamworth. I'm looking forward to that."
"The staff are friendly. You can have a giggle and an interesting chat with them."
"The maintenance man is nice. I think he can do anything."
"I'd say the food is excellent."

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.

Visitors

Visiting was able to take place unrestricted. Feedback from visitors was similarly positive. One person said, *"I'm really happy with the home so far. [My relative] is happy with it too. I know because she'd tell you if she wasn't."*

The first 8 reviews written on Carehome.co.uk were written in highly complimentary terms and averaged a score of 9.4 out of 10. This indicated a high level of satisfaction from everyone who used that website to provide feedback.

Privacy and Dignity
People were treated with dignity and respect throughout the day. Staff were observed to knock on doors prior to entering peoples' bedrooms. This indicated a respect for people's personal space. Call bells were left within peoples' reach when they spent time alone in their bedrooms and were answered swiftly. Continence products were stored discreetly.

Resident Representative
One of the residents had been appointed as the 'Resident Ambassador.' This person took the role seriously of ensuring that peoples' views about the home were heard. His picture was up on each floor of the home so people knew which of their peers to speak to.

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 respite care plans written that were appropriately detailed. All care plans looked at were written in a person-centred way. There were informative summaries of the key aspects of each person's care written on the opening page.

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 care plan for someone who had only just moved into the home the day before was detailed, well written and practically indistinguishable from the more established care plans. This was indicative of the team being up to date with care planning following detailed assessment processes.

Resident 1's summary stated that the person *"wanders with purpose."* This should say 'walks with purpose.' The term 'wanders' can be seen by some as slightly disparaging and is best avoided in care planning documentation. The term walks with (or without) purpose is seen as more respectful.

In one of Resident 1's mental capacity assessments (MCAs) there was the wrong name used – a name of another resident at the home. This only occurred once, but it did indicate that some of the assessment may have been copied and pasted from

elsewhere. This does not read well to the external reader. Copy and paste should be avoided where possible, but if being used it is vital that every single word is proof-read to avoid mistakes like the one stated.

See Recommended Actions 2 & 3.

Consent to Care and Treatment

Mental capacity assessments (MCAs) were in place for people who lacked capacity to consent to some or all of their care. In one case MCAs and best interest decisions were in place for residing at Stowe Mount, medication and personal care. The person was assessed as not having the capacity to consent to the first two decisions, but as having the capacity to consent to the third. This indicated that each specific decision was considered separately. These documents were well written and evidenced good understanding of the process.

Daily Care Records

Records were available for monitoring peoples' fluid intake. There were hygiene charts to record personal care given and repositioning charts for people who required regular turning. Applications of emollient creams were recorded on the PCS system and this could be presented as topical MAR (TMAR charts). All of these records were diligently kept by staff.

Food records were also in place and were mostly well completed. However, for one person on nutrition watch (Resident 2) there were gaps in recording on 19th November for breakfast and supper, 20th November for lunch and 22nd November for breakfast and supper. Resident 3 was also on nutrition watch and had gaps in recording on 19th November for supper and 22nd November for breakfast.

See Recommended Action 4.

Activities Arrangements

The lifestyle manager was on duty, gave a good account of the activities on offer at the home and interacted well with the residents all day. In the morning there was a painting activity in the garden lounge and a decorating gingerbread biscuits activity, which another care staff member helped out with.

Pleasant music was playing. There were decorations up in the lounge from a recent birthday party. The lifestyle manager described many day-to-day activities that had taken place previously, including quizzes in the sky bar, church services (streamed from the local cathedral into the cinema room), baking activities, going for regular walks in the garden, music afternoons, coffee mornings, chair exercises and nail pampering.

The management team were keen to forge good community relations from the earliest stage. The customer relations manager and the lifestyle manager were key members of staff in this aim. A good relationship had already been forged with the local primary school. Children visited the home regularly and a pen pal scheme had been set up that the residents and the children had enjoyed. Local children had been invited into the home for Halloween. Singers came to the home for performances every other week.

Trips out had taken place to a war memorial and arboretum in Alrewas and a dementia café in Lichfield cathedral. Two of the gentlemen went to a local football club and the lifestyle manager was planning to organise a trip back to their local golf club where they used to be members. Tickets had been purchased for a group of residents to go to the Garrick theatre at Christmas to watch a pantomime. A ladies Christmas shopping trip was planned for the following week.

CQC Key Question – Well Led

The following CQC quality statements apply to this key question:

- Shared direction and culture
- Capable, compassionate and inclusive leaders
- Freedom to speak up
- Workforce equality, diversity and inclusion
- Governance, management and sustainability
- Partnerships and communities
- Learning, improvement and innovation
- Environmental sustainability – sustainable development

Registered Manager

The manager, Rebecca Bristow, was in the process of applying for registration as manager. The application would be submitted once the DBS Disclosure was received. Rebecca had been registered with CQC on previous occasions.

CQC Rating

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

Governance and Internal Auditing

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

The governance work for October 2025 was capably demonstrated by the care manager and included:

- Manager's daily audit
- 10 at 10 meetings
- Daily clinical oversight report
- Controlled drugs checks
- Care plan audits by management (10% minimum)
- Infection control audit
- Finance audit
- Health and safety audit

- HR (personnel file) audit
- Night visit audit (planned for later in the month)
- Medication audits
- Meeting minutes (care quality, catering, nutrition review, resident committee meeting and head of department meeting)
- Pressure ulcer audit (none)
- Moisture lesions audit (none)
- Wounds review
- Bed rails audit (none)
- Grab rails audit
- Weights and weight loss management audit
- Infections review
- CQC notifications review (none for October)
- Distressed behaviour tracker
- DoLS review
- Duty of candour (none)
- Equipment log
- Safeguarding review
- Complaints audit
- Hoists and slings audit
- Maintenance record (all in date as new building)
- Fire drill audit
- Accidents and incidents audit with full graphical and trend analysis
- Dependency review
- Call bell monitoring audit (good response times)
- Staffing KPIs

The governance work was monitored both by the management team and by senior management staff of Crystal Care. The governance systems for the home were early in their implementation, but were being embedded effectively.

Management and Leadership Observations.

The manager was experienced in the role and demonstrated clear positive values and expectations. The care manager had worked his way up the ranks and was newly promoted. The two management figures appeared to gel well together and have complementary skills and preferences. All staff spoken with were positive about the support they had received so far from the new management team.

The atmosphere throughout the home indicated a relaxed and cheerful, yet purposeful management style.

A small number of recommendations were made from this inspection, but these were only minor and routine suggestions for desirable improvements. They were not matters that were indicative of any serious deficiency.

The team responded constructively to the inspection process, were welcoming of constructive criticism and were keen to learn and to continuously improve. This first inspection augured well for a successful future for Stowe Mount, which was in a good position for continued growth.

Required and Recommended Actions

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

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

1	Please obtain a copy of Staff Member 1's NVQ level 3 certificate.
2	Please remove the term "wanders" from Resident 1's care plan.
3	Please remind staff about the dangers associated with copying and pasting in care plans and the responsibilities associated with it.
4	Please ensure staff always record food intake for people on nutrition watch for at least breakfast, lunch and 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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