THE WOODBERRY PARTNERSHIP

INSPECTION REPORT

MERCEODE LODGE

CQC RATING GUIDE: '**GOOD**'

Privately Commissioned Inspection for

Merceode Lodge

Conducted by:

Simon Cavadino

Date of Inspection:

14th July 2026

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 **Merceode Lodge**. Merceode Lodge is a new purpose-built residential care home for older people including people living with dementia, located in the village of Marchwood, Hampshire. The home's facilities are excellent and the environment is amongst the most impressive in the residential care market. The home opened in February 2026 and there were 15 people in residence. This was my first visit to the home.

The findings of this visit were almost all positive and demonstrated a successful start to life at the home. The atmosphere of care and support was happy, relaxed and cheerful all day. Residents were complimentary about the care they had experienced and they praised the staff highly. The care staff spoke well of each other and of the support they had received from the management team. Considering how new the home was the team presented as a happy family, although there was one notable exception. The details of a conversation with one staff member were passed to the senior management team for their consideration. All of the care interactions witnessed between staff and residents were caring, compassionate and friendly.

There were plenty of staff on duty, especially as the home was staffed for growth. Meaningful activities were taking place throughout the day. There was evidence that some community links were being proactively forged. 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. Mandatory training and supervision were up to date. Medication systems were mostly well managed and care planning was of a high standard.

The management team presented themselves as hardworking, dedicated and gave an accomplished account of how they were running the home. They were supported by their regional manager who was present during the inspection. The staff team responded well to the inspection process and were keen to learn and to continuously improve. A small number of recommendations were made for the team to think about for the future.

The home was in an excellent position for continued growth.

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. The home is in a 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. The home was set out over two floors. There were 15 people in residence on the day of my visit, all living on the ground floor.

The current staffing levels were as follows:

(am) 1 deputy manager, 1 senior care assistant and 3 care assistants
(pm) 1 deputy manager, 1 senior care assistant and 2 care assistants
(night) 1 deputy manager, 1 senior care assistant and 1 care assistant

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 indicated that the home would be safe to run on a minimum of at least one staff member fewer during each shift, but the home was staffed to grow and so more staff were regularly available than the minimum requirements.

Ancillary Staff

In addition to the care staff there was a kitchen staff team (a chef or sous chef and a kitchen assistant each day), maintenance manager, customer relations manager, administrator (pending start date), head housekeeper and domestic team (including dedicated laundry staff). A lifestyle assistant had been recruited and was awaiting a start date. A lifestyle manager would be recruited in the next phase of recruitment. 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 engage with people in addition to completing personal care tasks with them. 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 been effective and the first phase was almost complete. There were enough staff on the books to care for the people living in the home. Further staff were awaiting employment dates pending recruitment checks and these were a lifestyle assistant, administrator, care assistant, two housekeepers, one bank chef and two bank care assistants. Ongoing recruitment was underway for additional care staff as phase two approached.

No agency staff had ever been used at the home.

Staff Recruitment Information
The recruitment information was stored securely on the computer system. The files looked at 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, with management plans where people had declared health issues
- Contracts & terms and conditions
- Suitable ID
- Suitable references

- Job descriptions
- Interview notes
- Training information
- DBS information
- Evidence of stated qualifications

Open Safeguarding Cases

The manager advised there were three open safeguarding cases relating to the home, all of which had been appropriately reported. Two related to unwitnessed falls with no injury and the other related to a fall that had resulted in a fractured femur. The management team were expecting these cases to be closed in due course. No complaints or other concerns were sitting with local authorities or CQC.

Medication Management

Medication trolleys were kept in a secure medical room on the ground floor. There was a medical room on the first floor to be opened when it was required. The medication systems were demonstrated by the care manager. I found the systems to be safe and well-managed, with only one error picked up.

Good practice included:

- Keys were kept by the senior member of staff in charge.
- Cleaning schedules for the medical room were available.
- The trolleys were tidy, well organised and attached to the wall when not in use.
- Storage temperatures were monitored daily for both the medication room and the refrigerator. Records indicated that the storage temperatures were within safe ranges.
- Medication was delivered regularly in original packaging – a non MDS approach.
- Controlled drugs were stored correctly and checked regularly. A spot check indicated correct stock levels.
- The staff wore ‘Do Not Disturb’ tabards when administering medication.
- Plastic pots and spoons used to administer medicines were single-use.
- PRN protocols were in place and were well written.

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. This was Resident 1's Famotidine 20mg where there were 54 tablets in stock and 53 on the system. The medicine had been signed out three times over the past 36 hours, but only two tablets had been given. One of the signatures must have been erroneous and the tablet not given.

See Recommended Action 1.

Premises Safety & Management
The home was appropriately ventilated on a warm day, spotlessly clean and well presented. No unpleasant odours were noted anywhere. Domestic staff worked safely with their cleaning materials. Sluice rooms were kept locked with keypad locks. COSHH products and dishwasher tablets were kept locked away at all times when not in use.

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
The home had received its first environmental health inspection. This had gone well and the score awarded was 5 – 'Very Good,' which was the highest score available.

Kitchen practices were not assessed further 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 home employed approximately 30 staff. 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 a friendly and welcoming place to visit. Staff spoke in warm terms about their colleagues and of the management team. Comments included:

"This home is smashing. I've worked in others that weren't. I have no problems here."
"I'm happy working here. The management are approachable and they've built my confidence back up."
"The staff all get on well. It's like a second family."
"I've achieved promotion, so I'm pleased with how it's gone so far."

There was one staff member who presented completely differently to everyone else, raising a series of issues and making a number of remarks that would be cause for concern about the home's running. It was an unusual pattern for the vast majority of the staff to be happy and upbeat, but yet one staff member to be so down. The comments were passed to the senior management team for further consideration.

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 **96%**. The statistics had been 100% the week before and the only reason for the drop was due to a couple of new starters who had joined the team and were still working through their training requirements.

Mental Capacity - DoLS

On 2nd June it was announced that the Cheshire West ruling made in 2014 had been overturned by the supreme court. This will probably mean, in time, that far fewer DoLS applications will be required as the criteria for submitting them will be very different. This ruling was discussed at length with the management team.

One DoLS application had been submitted and approved under the old rules (pre-2nd June) and a CQC notification had been submitted as required. Further guidance and clarification is awaited relating to the new criteria for DoLS applications, but it is likely that few, if any, of the current resident group will require one in the future.

Eating and Drinking

I witnessed the lunchtime experience on the ground floor. This was well managed by the staff and was a positive experience all round. There was much evidence in their practice that the staff had been well trained in this area.

Good practice included:

- Appropriate old-style background music was playing.
- 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 different main courses were given to people using plated-up alternatives. This is the best way of offering a meaningful choice to people living with dementia.
- Second helpings were offered routinely.

- Plenty of staff were around to assist as necessary, including the chef who led the serving out well.
- Nobody was rushed with their meals.
- Desserts were served at the appropriate time.
- 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 (one of which was being used as a music room) and dining rooms in the home, as well as a state-of-the-art cinema room. There was also a fully kitted out hairdressing salon.

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. A few of the bedrooms were 'suites' and they had a full lounge area as well as the bedroom.

Gardens

There were well kept and presented secure garden areas around the home, with plenty of comfortable garden furniture. It was good to see people encouraged to be outside enjoying the warm weather on a hot summer's 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

An attentive and caring relationship between the staff and the residents was apparent everywhere. All interactions witnessed were kind and patient. There was a nice atmosphere across the ground floor and a sense of general satisfaction from residents. Staff broke off conversations with me in order to attend to residents needs, which indicated a residents-come-first culture.

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 haven't been here long, but everyone seems friendly."
"When I ask for help the staff always help without question."
"I'm starting to make friends, which I like."
"I have no concerns."
"The food is lovely."
"They'll do anything for me and the most important thing is they let me bring my dog. I wouldn't have come here without that."
"I'm pampered all the time."
"I like the music and the entertainments and activities."
"I definitely feel safe here."
"I am able to look after myself and I'm allowed to do that, but they help me."
"The food is really good. I haven't said no to anything."
"I feel like I am in a hotel all the time."
"The staff are very nice to me. I couldn't ask for nicer people. We are all old people here and it is the young people who help us."
"It's a nice environment. It's clean and it's tidy. I couldn't ask for better."
"The food is wonderful. You always get a choice, so you can avoid the bad stuff, except there isn't really any bad stuff."

Nobody raised any concerns. 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 were wearing properly fitting clothing.

Visitors
Visiting was able to take place unrestricted.

The score on Carehome.co.uk was a perfect 10/10 from its first 20 reviews. This indicated the highest level of satisfaction from people who used that website to give 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. Continence products were stored discreetly. Call bells were left within peoples' reach when they were spending time alone in their bedrooms. 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 I read were well written, fulsome and detailed. There were additional care plans in place for specific conditions, written as necessary. There were informative summaries of the care requirements written on the first page. This included people who had only very recently moved into the home, including in the last 24 hours.

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 home's 'resident of the day' process.

The only minor criticism of the care plans was that there was little life history information, so they did not always read as warmly as they might – i.e. being about an individual person. In some cases the life history information had been obtained, but was scanned into the system in separate documents. It would be preferable if some of that available information could be summarised into a paragraph or two in the summary and in the 'daily life' care plan. This would make the person-centred life history information feature more prominently and it would read better.

See Recommended Action 2.

Consent to Care and Treatment
Mental capacity assessments (MCAs) were in place for people who may lack capacity to consent to some key aspects of their care. The MCAs were well written, as were the resultant best interest decisions. For one resident there were separate MCAs for different decisions such as consenting to live in a care home with a locked front door, vaccinations, sharing personal information and use of photographs.

Daily Care Records
Staff had taken well to the PCS system and the 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 were completed and indicated that people received sufficient nutrition and hydration. However, there was some room for further improvement and greater consistency with how food was recorded. In some cases the records were made as 'Had Breakfast', 'Had Lunch' or 'Had Supper.' In other cases there was a description of the exact meal that had been eaten and how much of it had been consumed. The latter was much better and consistent recording of this type should be strived for.

See Recommended Action 3.

Sensio 'Room Mate'
The care manager demonstrated the Sensio 'Room Mate' equipment that was in place throughout the home. This was a sensor in everyone's bedroom that could detect whether they were moving about, had sat up in bed, had entered their ensuite bathrooms and much more. It could be set up to monitor particular movements for different people. It monitored background information about whether people had experienced settled, calm or restless nights. It provided information about how 'unwitnessed falls' had occurred. It was not a CCTV camera and did not take 'film', but it was able to recreate specific events.

It was in use for everyone and the management team had obtained peoples' consent before switching it on. There was the facility to turn it off if anyone did not consent. The care manager was the main person who operated the facility and he described it as, *"A great piece of kit."*

Activities Arrangements

There were fun activities taking place during the day. There was a singer who came in from the community during the afternoon and gave a performance. A local lady brought two guinea pigs in for the residents to meet and interact with during the morning.

The home was early in its journey and had not yet taken on specific lifestyle staff, although one person had been employed and was awaiting a start date. Care staff had taken it in turns to provide a variety of activities. These had included chair exercises, massage, arts and crafts, bingo, card games, coffee mornings, manicures and films in the cinema. There had been trips out into the community to the Royal Victoria County park and a local tenpin bowling alley. There had been visits from other animals, such as therapy dog visits and ponies.

A good link had been forged with a local pre-school who brought the children into the home once a week. The team had involved themselves in fundraising for the school.

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

Helen Chapman was registered as manager and had been registered as part of the home's originating application to CQC. Helen was an experienced registered manager, having been registered several times before in other regulated services.

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. 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 seen for the month of June 2026 included:

- Staffing KPIs (inc. supervision, training & sickness monitoring)
- Dependency calculations
- Pressure ulcer audit
- Moisture lesions audit
- Bed rails review (none)
- Wounds review
- Weights and weight loss management
- Infections review
- Distressed behaviour lists (none)

- CQC notifications review
- DoLS review
- Complaints and compliments review
- Safeguarding review
- Equipment log
- Hoists and slings
- Fire drills
- Health and safety meeting
- Accidents and incidents review, with graphical and trend analysis
- Daily walkaround records
- 10 at 10 meetings
- Daily clinical oversight
- Catering audit
- Dining experience audit
- First aid kit audit
- First impressions audit
- Mattress audit
- Lifestyle audit
- Night visit checks
- Care plans (minimum of 10%)
- Medication audits
- Resident of the day work
- 24 hour and 5 day care plan audits for new residents

Provider Oversight

The management team said they had been well supported by Crystal Care's senior management. The regional manager was present during the inspection to support the team.

Management and Leadership Observations.

The management team presented themselves and the home well during the inspection. It was early in the home's commissioning journey, but things were progressing as they should. The manager communicated a strong wish to work with staff and develop them to promotions and further achievements. The managers were full of praise for the provider as an organisation, describing the support as very good and the growth plans as realistic.

There was one staff member who presented completely differently to everyone else, raising a series of issues and making a number of remarks that would be cause for concern about the home's running. It was an unusual pattern for the vast majority of the staff to be happy and upbeat, but yet one staff member to be so down. The comments were passed to the senior management team for further consideration and follow up.

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 investigate the reasons for the stock discrepancy with Resident 1's Famotidine.
2	Please consider adding further life history information to the main care plans and summaries, so they read more about a person rather than merely a series of health needs.
3	Please work with staff so they consistently record some details of the food consumed at each meal along with rough amounts.

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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