



**Woodberry**  
Swift & Lasting Improvements in Care



# **INSPECTION REPORT**

## **COPPERFIELD COURT**

**CQC RATING GUIDE: 'GOOD'**



Privately Commissioned Inspection for

## **Copperfield Court**

Conducted by:  
Simon Cavadino

Date of Inspection:  
24<sup>th</sup> September 2024

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## Executive Summary

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

This is the report from a day spent at **Copperfield Court**. Copperfield Court is a new purpose built residential care home for older people including people living with dementia, located in Broadstairs, Kent. The facilities are 'state of the art' and the environment is amongst the most impressive in the residential care market. The home opened only recently in May 2024 and there were 18 people in residence.

The atmosphere throughout the home was positive and cheerful and there was an obviously kind and caring culture that had been embedded early amongst the whole staff group. Staff spoke appreciatively of their working conditions and support they received. Residents and relatives were exclusively complimentary about the care provided. Staff were attentive and helpful when interacting with residents and they attempted to make peoples' living conditions as happy as possible. Personal care was evidently of a high standard.

Regulatory compliance and governance systems were robust, ably demonstrated and were quickly becoming embedded. Medication systems were safely managed. Mandatory training and supervision were up to date. There were plenty of staff on duty, with staff properly recruited. The lunchtime experience was well managed. The environment was clean and well presented. Care planning was mostly of a high standard, although staff needed to ensure care plans were altered clearly when peoples' needs changed. The team needed to reflect on the need for safe storage of cleaning materials. A small number of other minor points were picked up for consideration and improvement and these are discussed during the report and in the recommendations section. The whole team deserved credit for an excellent start so far and everything witnessed augured well for a successful future for the home.

## 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 very solid 'Good' rating, albeit at an early stage, with no significant concerns of any note.

## 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 18 people in residence on the day of my visit. The home was laid out over two floors, with only the ground floor open to residents at this early stage.

Staffing levels across the home were as follows:

#### Ground Floor – (18 people in residence.)

(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 night team leader, 1 senior care assistant and 1 care assistant

#### First Floor

Not yet open.

#### Ancillary Staff

In addition to the care staff there were kitchen staff (chef or sous chef and kitchen assistant each day), maintenance manager, front of house manager, head housekeeper and domestic team (including dedicated laundry staff). Hairdressing, optician and chiropody services were contracted externally. A lifestyle assistant had been appointed and was due to start shortly.

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.

The staffing numbers were growing as the occupancy increased and the home was staffed to ensure the occupancy could increase at a sensible rate. The manager undertook a regular dependency monitoring exercise as one way of ensuring the staffing was sufficient, as well as her own observations and input from care staff. From my observations during the day there were more than enough staff to care for the current resident group. There were many examples of staff having the time to speak with people, listen to them and engage with them in addition to completing personal care tasks. Both the management team and the staff team were of the view there were comfortably enough staff to care for people appropriately.

### **Staff Vacancies**

The home was fully staffed for its current number of residents and was in a good position to accept more. The second phase of staff recruitment was beginning and this phase would include two more senior care assistants, more care assistants and a lifestyle manager. The manager spoke of an approach to recruitment that was values-based, with any necessary skills being taught later.

No agency staff had ever been used at the home.

### **Staff Recruitment files**

I looked at the recruitment information for several staff recently recruited to the home. The 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
- Full employment histories (see below)
- Medical information to ensure people are fit to work
- Contracts & ID
- Suitable references
- Job descriptions
- Interview notes
- Training information
- DBS information
- Evidence of relevant qualifications
- Supervision notes

There were two situations (Staff Members 1 & 2) where there was an unexplained gap in their employment histories, in the first case between 1988 and 2012 and in the second case between 1977 and 1999. It is a regulatory requirement to ensure a full employment history for each staff member, with CQC having clarified that this means right back to the time of first employment, together with a written explanation of any gaps in employment.

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

### **Open Safeguarding Cases**

The manager advised there were no open safeguarding cases at the home and there had not been any need to make any referrals so far. The manager had a good understanding of safeguarding and a pre-existing relationship with local safeguarding teams from running other homes locally.

### **Medication Management**

The medication trolleys were kept in a secure medical room on the ground floor. There was one on the first floor for when it opened. The systems were ably demonstrated by the care manager. I found that the medication systems were safe and well-managed, although a couple of minor matters were identified. 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. A random stock audit tallied.
- Do not disturb tabards were worn by staff administering medication.

The home used an electronic medication system (EMAR). The EMAR system involved scanning the medication boxes prior to administration and the system



generated a MAR chart. The system prompted all prescribed medication administration and so it was not possible to 'forget' any medication or not sign for it. The key to demonstrating the system is being used correctly is to ensure the stock present in the boxes and packets matches exactly the amounts recorded on the computer system. I undertook ten random stock audits and all were correct.

Some plastic pots and spoons had been used to administer liquid medication and had been washed by hand and left to air dry in the medical room. These items should either be sterilised in between uses or disposed of.

## **See Recommended Action 2.**

### **PRN protocols**

The PRN protocols seen were somewhat generic. For example, instructions for laxative medication merely stated, "*To relieve constipation.*" The care manager explained that in one case a person had a history of constipation and had suffered with it throughout her life. She had capacity to consent to her care and was able to recognise the signs and advise staff accordingly. This was precisely the information that was missing from the PRN protocol.

When medicine is prescribed a definite number of times per day, the staff member administering merely has to follow the instructions. When medicine is prescribed on a PRN or 'as required' basis, the staff member administering has to make a decision as to whether to administer or not. The factors to consider in making that decision will be different for every individual case. To ensure safety and consistency staff need clear PRN protocols to assist them in that decision-making.

The PRN protocols must refer to individual circumstances in every case:

- Does the person have capacity to consent to their medication? If not, how would staff know when to administer? How would this be established?
- If it is pain medication, where do they normally have pain, it is localised, is it general, can they tell you etc?
- If medicine is to regulate bowel functioning, details of what is normal or abnormal for the person are required.

- Where dosage directions were variable (e.g. take 1 or 2 tablets up to 4 times per day), information needs to be clear as to when the different amounts should be administered.
- Where medication is prescribed for 'agitation' there needs to be a clear protocol as to how the agitation manifests itself and in what circumstances different amounts of medicine are to be given.

A good rule of thumb is that a competent agency staff member should be able to give all PRN medicines safely and correctly to people without having to ask anyone for clarification or refer to any other documentation. This would be the case because of the clarity of the PRN protocol in place.

**See Recommended Action 3.**

### **Premises Safety & Management**

The home was new and was spotlessly clean and well presented. No unpleasant odours were noted anywhere. Domestic staff worked safely with their cleaning materials. Sluice rooms were locked at all times.

There were several situations where COSHH products, such as dishwasher tablets and other cleaning materials were not locked away securely. This occurred in cupboards in the kitchenette areas of the lounges. In one case the door was not locked and in several other situations the keys were left in the locks. These items can be harmful to people living with dementia and must be kept locked away at all times.

**See Recommended Action 4.**

In some of the communal bathrooms the call bell ropes had been placed on the shelves behind the toilet cisterns. This meant that they did not extend all of the way to the floor and so would be inaccessible to someone who had fallen. This was likely a habit of domestic staff when they were cleaning.

**See Recommended Action 5.**

## **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 home employed 34 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, other than four that were only overdue by a day or so. This meant that formal supervision was up to date. The home had not been open long enough for appraisals to be due, but these would be annual. Minutes of supervision and probation review meetings were kept on personnel files and were signed by both parties.

Staff spoken with indicated they were well supported and were happy with their working conditions. One experienced care assistant said, *“This place has changed my outlook on care, because it’s top notch. We’re proud of the personal care and we can deliver it to a high standard because we have enough staff and good facilities. Our managers are great.”* Another staff member said, *“This is a lovely place to work. The manager is nice and she appreciates what we do. She comes out of the office and talks to us and is encouraging, which is different to what I’ve experienced in other jobs.”*

### 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 high, at **95%**.

Mandatory training was wide-ranging, incorporating 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 processes. A clear matrix was in place and showed that 3 DoLS applications had been correctly made for people who fell into all 3 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).

None of the applications been determined (approved) by the local supervisory body as yet. The team were aware of the need to submit CQC notifications when the applications were finally determined.

### **Eating and Drinking**

I witnessed the lunchtime experience in the ground floor dining room, which was a positive, sociable experience. Good practice included:

- Tables were nicely laid and clear menus were on display.
- Staff were wearing appropriate protective equipment in the form of washable aprons.
- Napkins were available.
- There were plenty of staff around and they interacted with residents well at all times.
- Choices of different drinks were given to people. The manager had taken steps towards ordering some wine for the future.
- Choices of main courses were given to people in a way appropriate for them and there were also choices of desserts.
- The chef was involved in the serving out.
- Staff were attentive and quickly helped people who required assistance.
- All of the feedback from residents about the quality of food was positive.

Music playing in the background was Smooth Radio, which played supposedly 'relaxing' music from the 1980s and 1990s. This was not music from the era of the residents and the station also contained a lot of advertisements. There was an opportunity here to consult with the residents to establish precisely what music they would like best.

**See Recommended Action 6.**

## **Premises Presentation**

### **Entrance and Reception Area**

The home had a bright and welcoming entrance and reception area, staffed by friendly and enthusiastic front of house staff. There was a fully working tea and coffee bar with fresh cakes. 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 sweet shop. There was also a fully kitted out hairdressing salon and an area for nail pampering.

A large snack and hydration station had been built in one of the garden rooms to encourage ongoing hydration.

## **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, refrigerators and the facility for a telephone line.

## **Garden**

The secure gardens around the home were newly planted, but well kept and presented. Some of the ground floor rooms had areas outside their patio doors for individual people to sit and enjoy the nice weather.

## 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 caring, encouraging and cheerful, yet respectful relationship between the staff and the residents. There was a calm and relaxed atmosphere throughout the home and a sense of general satisfaction on behalf of everyone. Feedback from residents was most positive and grateful about their experiences of living at the home. This was encouraging given how new the home was. Quotes included:

*"The staff are wonderful. They are kind, caring and efficient."*

*"I'm so happy here. The place has been a godsend."*

*"They keep it very clean. I have no concerns."*

*"The girls are excellent. They are considerate and very nice."*

*"It's such a relaxing place. You don't feel like you're in a care home."*

*"Everyone is so friendly. I don't think my own family could look after me this well."*

*"The home has been the making of me recently."*

*"I'm new here, but my first impressions are good. I feel welcome."*

Everyone living at the home had a good sense of wellbeing. The standard of personal care was high throughout the home. People were supported to be clean, well-presented and wearing properly fitting clothing.

### Visitors

Visiting was able to take place unrestricted.

The feedback from visitors was similarly positive. One person said, *"They've recruited the right staff in my view. It's home from home for the people who live here. [My relative] likes the company of the staff and they always talk to her about all sorts of things.* Another person said *"My young children feel comfortable here, which is very different to other care homes we've been in."*



The carehome.co.uk website rated the home as 9.9 out of 10 from the first 16 reviews, which was indicative of very high satisfaction levels from people who used that website for feedback. Reviews were written in the most complimentary terms.

### **Privacy and Dignity**

People were treated with dignity and respect throughout the day. Staff were observed to knock on doors prior to entering peoples' bedrooms. This indicated a respect for people's personal space. Call bells were left within reach of people spending time in their bedrooms and were answered quickly. Continence products were stored discreetly. Staff were alert to situations where peoples' dignity may be compromised and intervened without fuss.

### **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 I have seen implemented successfully in different care environments. Care plans were written following detailed assessments of people and contained plenty of person-centred information, including detailed life histories. All of the care plans I read were well-drafted and informative. Specific care plans were in place for individual health conditions. There was clear information recorded about who had been consulted in the drafting of each care planning section.

The management team were clear about the needs of people the home was able to meet and the kind of needs that were not suitable.

Care plans had been reviewed on a monthly basis, as prompted by the computer software. Established 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. These risk assessments had also been regularly reviewed.

There was one issue to watch and to consider for the future. In Resident 1's personal care plan there was a suggestion that she may not always be repositioning herself independently in the night. Staff were to be vigilant to this and reposition her if necessary, but it was not clear how they were supposed to establish this. Then, in the skin integrity care plan, it stated there was some redness on her left sacrum and she needed to be repositioned every two hours at night. Then the next paragraph said the redness had cleared up. (Repositioning charts did show repositioning activity taking place roughly two hourly at night.)

The care planning about this issue was not clear, contradictory and muddled in parts, which appeared to be caused by staff not deleting sections of the care plan that were no longer relevant. This is important because each live care plan needs to state clearly what is happening 'now.' The history of how needs have changed over time with dates of change can be recorded in the 'review' section. Senior staff who review care plans need to be supported to have the confidence to 'delete' sections that are no longer relevant to people after a change in need has occurred.

### **See Recommended Action 7.**

#### **Consent to Care and Treatment**

Mental capacity assessments (MCAs) were in place where there was a doubt about individual people's capacity to consent to various specific aspects of their care. These were well written and best interest decision making documents had been prepared when people lacked the capacity to consent to a specific decision.

For example, in Resident 1's case there were separate MCAs and best interests processes for accessing codes for locked doors, use of bed rails, medication administration, having a back door key in her bedroom and use of a wheelchair lap-strap for transportation.

#### **Daily Care Records**

Staff had taken well to the PCS system, with most of the records kept well. Daily care records were available for monitoring peoples' fluid intake and food intake. There were hygiene charts to record personal care given and repositioning charts for people who required regular turning. These were well completed.

Medicinal creams were recorded on the EMAR system, although there was room for improvement in how the application of emollient creams were recorded. For example, Resident 2 had been prescribed Zeroveen cream 7 days prior to the inspection. The care manager's understanding was that this cream should be applied at least once a day. There was no reliable system in place to show this had happened. This was discussed at length during the inspection and I would recommend that the PCS system is used. Care assistants then can record having completed these tasks on the system, prompted each day on their handsets through the 'planned care' system.

## See Recommended Action 8.

### Activities Arrangements

There were meaningful activities taking place during the day, the highlight of which was a baking session in the afternoon and an art session in the morning. The management team were looking forward to being in a position to enhance the activity provision and community engagement further when the activity team started in the near future.

Activities were advertised around the home for the month and there was evidence of a variety of activities having taken place since the home opened. These included:

- Movie afternoons
- Family barbeque
- Flower arranging
- Culinary cruises – with one to ‘Italy’ and one to ‘Spain’
- Quizzes
- Chair exercises
- Live entertainment
- Cheese and wine evening
- Book club
- Pamper sessions

Activities will be looked at in more detail at future inspections.

## CQC Key Question – Well Led

The following CQC quality statements apply to this key question:

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

### CQC Notifications & Duty of Candour

There had been no requirement, as yet, for any CQC notifications or duty of candour letters. The management team had a good understanding of when they would be required.

### Registered Manager

The manager, Eve Balcombe, had been registered as manager since the home opened.

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

### Management Audits

A robust internal auditing system was in place, as designated by the provider. The auditing system was robust and covered a wide range of key areas. 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 certainly 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.

Audits for August 2024 included:

- Pressure ulcer audit (none)
- Moisture lesions (none)
- Bed rails (x1)
- Wounds and actions taken

- Weights and weight loss management
- Infections audit
- CQC notifications review (none)
- DoLS review
- Complaints (none)
- Compliments review
- Equipment log
- Hoists and slings
- Health and safety – fire drill
- Maintenance certificates (all in date – new build)
- Call bell analysis (very good response times)
- Accident and incident review with graphical and trend analysis
- Distressed behaviour tracker (none)
- Dependency tracker
- Care plan audits (10% minimum)
- Catering audit
- Dining experience audit
- First impressions audit
- HR audit
- Pressure cushion audit
- Medication audit (weekly)
- Lifestyle audit

Other auditing took place weekly and bi-monthly. Every day there were formal walk-around audits and a resident of the day process. These were monitored both by the management team and by senior management staff of Oyster Care. The systems were early in their development, but built to cope with significant growth.

### **Provider Visits**

The regional director was newly appointed and on his first day being shown around the home. Another senior staff member was present, working with the staff on good care planning practice.

The provider had an in-depth MGV (monthly governance visit) that the regional director would be expected to complete on a monthly basis for each home, in addition to the other support that would be provided to the team.

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

The management team and the whole staff team had made an excellent start and the home was a positive and cheerful place to visit.

The manager presented the home very well, took her responsibilities seriously and aimed high in terms of quality of care and regulatory compliance. The atmosphere throughout the home was positive and cheerful and there was an obviously kind and caring culture that had been embedded early amongst the whole staff group. Residents and relatives were exclusively complimentary about the care they received. Staff were attentive and helpful when interacting with residents and made peoples' living conditions as happy as possible. Personal care was evidently of a high standard.

The team were welcoming of constructive criticism and the recommendations made should be well within the team's capabilities. The whole team deserved credit for an excellent start so far and everything witnessed augured well for a successful future for the home.

## 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 ensure that each staff member provides a full employment history, right back to the time of first employment, together with a written explanation of any gaps.
2	Please ensure that plastic pots & spoons used to dispense liquid medication are either sterilised between uses or disposed of.
3	Please upgrade the PRN protocols to be less generic and more person-centred, as discussed in the text.
4	Please ensure that COSHH products, including dishwasher tablets, are locked away at all times when not in use.
5	Please ensure that call bell ropes in communal bathrooms extend all of the way to the floor.
6	Please consider playing background music over lunch that is more in keeping with residents' wishes.
7	Please ensure staff delete and/or re-write care plan sections that are no longer relevant when undertaking reviews, storing the history of the changes in the review section.
8	Please consider using the charts on the PCS system to record when staff apply topical emollient creams.



## 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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