



**THE WOODBERRY**  
PARTNERSHIP



# **INSPECTION REPORT**

## **TANGLEWOOD CARE HOME**

**CQC RATING GUIDE: 'GOOD'**



Privately Commissioned Inspection for

# **Tanglewood Care Home**

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Date of Inspection:  
2<sup>nd</sup> June 2025

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## Executive Summary

**Tanglewood Care Homes** operates residential care homes for older people across the Midlands and the North of England. The company aims to provide high quality care in safe and comfortable surroundings, always promoting independence and choice. As part of Tanglewood's quality assurance programme, additional 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 **Tanglewood Care Home** in Horncastle, Lincolnshire. Tanglewood provides residential and nursing care to older people, including some who are living with dementia. My last visit to the home was a year ago in May 2024. There had been a new manager appointed since that time, with Alice O'Hare taking up post in December 2024.

The findings of this visit were positive. Staff indicated that the change of management had not been problematic for them and were in good spirits. Staff said they had been happy with the previous manager but they gave several examples of how things were now better than before. Care was delivered in a calm, cheerful and dedicated way. All interactions between staff and residents were kind and caring and staff knew the residents well. Personal care was observably of a good standard. Feedback from residents about the care they received was complimentary and grateful.

The lunchtime experience on the first floor was well managed. There was clear evidence of an ongoing and meaningful activity programme, which was more organised and better presented than the previous year. The environment was clean and well presented, with no unpleasant odours noted.

Regulatory compliance remained of a good standard. Management auditing and governance systems were wide-ranging and up to date. Medication systems were clear, with a different electronic medication system implemented. Staff had been correctly recruited and were well trained and supervised. Care planning and daily record keeping was of a good standard, although the manager was looking to aim higher in terms of how person-centred the care plans were.

A small number of relatively routine recommendations were made for further improvement. The team were open to receiving constructive criticism and the experience of visiting Tanglewood was a welcoming one, with good first impressions created everywhere. All of this augured well for the future.

## 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 in all areas.

## 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

### Care Staffing Levels

The home was registered for a maximum of 55 people, although the current working capacity was 51, due to the single use of some historical double-rooms. There were 51 people in residence on the day of my visit. The home popular in the local area and had a good reputation.

The home was laid out over two floors and 4 independent bungalows. Minimum care staffing levels were as follows:

#### Ground Floor

(am) 1 senior care assistant and 3 care assistants.

(pm) 1 senior care assistant and 3 care assistants.

#### First Floor

(am) 1 senior care assistant and 4 care assistants

(pm) 1 senior care assistant and 4 care assistants.

There was a nurse on duty all day to cover both floors. The night shift was covered by 1 RGN and 4 care assistants across the home.

From my observations during the day there were sufficient care staff to care for the current resident group. The management team believed there were enough staff to meet peoples' needs safely and appropriately. Staff I spoke with also indicated they thought there were enough staff to meet the needs of the residents. The management team completed a monthly dependency monitoring tool. The most recent result of this exercise indicated the staffing was above the minimum required.

### **Ancillary Staff**

The manager was supernumerary to the care team, as was the deputy manager. There was a head housekeeper, laundry assistant, 3 domestic staff on duty each day and a chef and 2 kitchen assistants each day. There were two activity coordinators, a maintenance manager, an administrator and a gardener. Hairdressing was provided by one of the care staff (who was a qualified hairdresser) and chiropody was provided by an external contractor.

### **Staff Vacancies**

The home was staffed by a committed group of staff. The staff retention at the home was good and this meant the home was fully staffed with no vacancies. Staff were replaced quickly when they gave notice.

The team did not have the need to use agency staff, with the manager commenting that an agency staff member had only been used once in the last six months.

### **Open Safeguarding Cases**

The manager confirmed that there were no safeguarding cases that were currently open at the home. There was a positive ongoing relationship with the local safeguarding team and some issues that had occurred the previous month had been sensibly considered and quickly closed.

### **Staff Personnel Files**

I looked at the recruitment information for several staff recently recruited to the home. The personnel files were stored securely on the computer system and contained all of the required information. Information seen included:

- Recent photographs
- Full employment histories
- DBS information
- ID
- Job descriptions
- Medical questionnaires
- Suitable references



- Information relating to peoples' right to work the UK
- Contracts of employment and terms and conditions
- Interview notes

## **Medication Management**

The home had medical rooms on both floors, where the main stock, medication refrigerators and controlled drugs were kept. At this visit I audited the medical room on the ground floor. The systems were demonstrated by the home's deputy manager and were safe and well managed.

Good practice included:

- Keys were kept by the senior nursing staff.
- The medical room was clean and well organised.
- The medication trolleys were organised logically and were attached to the wall when not in use.
- Staff wore red 'do not disturb' tabards when giving out the medication.
- Bottles of liquid medication were dated upon opening.
- Single use disposable pots and spoons were in use for administering medication to people. There was also a steriliser for times when plastic items would be re-used.
- Temperatures of the medical room and the medication refrigerator were taken each day. Temperature readings indicated safe temperature storage.

An electronic medication system was in place at the home, albeit a different one from the previous year. The electronic MAR 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 10 random stock audits, of which all tallied correctly apart from one (below)

- Resident 1 – Simvastatin – 6 tablets in stock, but only 3 recorded on the system.

**See Recommended Action 1.**

## PRN Protocols

PRN protocols were in place for 'as required' medicines on the new EMAR system. However, they required more information to ensure they were not generic. For example, Resident 2 was prescribed Paracetamol on an 'as required' basis. The protocol merely stated this was for '*Pain & Fever.*' with no further information on how the pain or fever would be likely to present in Resident 2's particular circumstances.

The following is added for additional guidance:

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 2.**

## **Premises Safety & Management**

The home was warm, yet appropriately ventilated on a hot day, with no unpleasant odours detected. The environment was clean and bright throughout. Sluice facilities were kept locked, as were COSHH items for the most part (see below). Domestic staff worked safely with their cleaning trolleys.

In one of the communal bathrooms the key had been left in a cupboard door that contained cleaning chemicals and toiletries, hence leaving them accessible. Cleaning chemicals can be harmful to people living with dementia and must be stored securely. Toiletries should be returned to individual peoples' bedrooms after use to ensure they are not at risk of becoming communal.

**See Recommended Action 3.**

## **Laundry Room**

The laundry room contained industrial machines that were all functional. The team used a red bag system to safely wash soiled items on a dedicated sluice wash.

## **Kitchen**

At the most recent Environmental Health inspection the kitchen received a score of 5 – 'Very Good,' which was the highest score available.

## 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 and Appraisal

Supervision and appraisal statistics were monitored and recorded monthly as part of the home's auditing system. Each staff member was to receive a minimum of four supervision sessions per year and an appraisal. The Coolcare system demonstrated that all staff members were up to date with supervision and appraisal. Supervision and appraisal notes were scanned and recorded in each staff member's personnel files.

Staff indicated they were well supported and spoke highly of the new manager and the whole management team. One staff member said, *"Everything is fine here. I've worked here for a while and I love my job. I have no concerns and I think there are enough staff working here."*

A longer-serving staff member commented, *"The new manager is very nice. There were no issues with the changeover. If anything I'd say it is better now. One example to give you is that some of the more critical families have been saying much more positive things generally – including how approachable the manager is."*

A third staff member said, *"It's much better since the new manager has joined, as I've been encouraged to be more focused and better organised in my work."*

### Training

Compliance with mandatory training **93%**. This was a good compliance level and the remaining non-compliance was entirely due to two new staff who were working their way through the induction training and three staff who were unable to log onto the system. This latter issue had been reported to the head office team.

## **Mental Capacity - DoLS**

The manager evidenced a good understanding of when DoLS applications were required for people through discussion. She ensured that applications were made against 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

DoLS applications made were kept on file and a clear matrix with key information was available. 33 DoLS applications had been made and 28 had been determined by the local supervisory body. CQC notifications had been made upon determination and reapplications had been made where applications were due to expire. There were a small number of cases (from before the manager's time) where it had not been recorded that CQC notifications had been made. The manager was proposing to look further into this matter to try to establish whether the notifications had been made or not and then submit any outstanding ones.

## **See Recommended Action 4.**

## **Eating and Drinking**

I witnessed the lunchtime experience in the dining room on the first floor. The dining experience on this floor was positive and people were assisted to have a good mealtime experience. Good practice included:

- Background music was playing throughout lunch.
- Staff were wearing appropriate protective equipment, including disposable aprons.
- People were offered napkins and aprons to protect their clothes if they wished.
- Choices of drinks were offered.
- Choices of food were offered using show plates, which worked well. This is the best way of offering meaningful choices to people living with dementia.
- All interactions between staff and residents were kind, cheerful and patient.
- Plenty of staff were available and people were assisted appropriately.
- Family members were able to join their loved ones for mealtimes.

- Staff noticed when people required assistance and provided it when it was needed.
- Where people were supported to eat their lunches this was done individually and from a seated position.
- Nobody was rushed with their meals. Desserts were offered at the right time.

## **Premises Presentation**

### **Entrance and Reception Area**

The home had a large entrance and reception area, which had been redecorated and upgraded. The manager's office was accessible off the main reception. Certificates of registration, employers' liability information, the CQC rating and other key information was displayed on the walls.

### **Design and Adaptation**

The home was adapted for people who have mobility restrictions. Six of the bedrooms had ensuite toilet facilities with the rest of the bedrooms being fitted with wash hand basins. Full communal assisted toilet and bathing facilities were available on each floor.

### **Communal Rooms**

The lounges and dining rooms were welcoming, clean and appropriately furnished. There were lounges on both floors which doubled as dining rooms. In those lounges there was music playing and there were televisions to watch. There were additional 'quieter' lounges and conservatory areas. The communal areas contained objects of reference suitable for people living with dementia, such as dolls and games. These were providing comfort to some people.

There was an area known as the "marketplace" – a pleasant area for people living with dementia. Orientation boards with the dates and times were all up to date and correct.

The old green, stained carpets were gradually being replaced with more appropriate flooring. There was less green carpet than was the case last year, but some still remained. The manager said it was on the list of forthcoming upgrades.

## **Bedrooms**

Many of the bedrooms were nicely personalised with people's own belongings and photographs of their families. In some cases people had their own furniture in their rooms, which was actively encouraged. This enabled them to feel settled at the home.

## **Garden Area**

The garden area was very well presented, with planters, flower features and mature well pruned shrubs. This was the case across all of the Tanglewood homes.

## 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 positive, natural and relaxed relationship between the staff and the residents. Both floors of the home presented as calm throughout the day. Staff and residents looked happy in each others' company and staff knew the residents' needs well. There was good natured banter throughout. Staff had time to spend interacting with people and moment-to moment activities were in evidence. Residents were clean and the standard of personal care was good.

Feedback from residents spoken with was positive. Nobody raised any concerns. Quotations from residents included:

*"They're all lovely and they do their best for us."*

*"I feel very fortunate to have such nice company."*

*"I like my new room. I am happy today."*

*"It's very nice here. I liked my birthday barbeque."*

*"The manager is helpful."*

*"I tell them if I'm not happy and, to be fair, they do respond well."*

*"It's really nice here. I get what I need."*

*"The food has improved over the past few months."*

### Visitors

Visiting was able to take place unrestricted. Feedback from visitors was similarly positive.

The latest Carehome.co.uk rating was 9.7/10 from its last 43 reviews, which demonstrated a very high level of satisfaction about the quality of care from the people who used that website for feedback.



### **Privacy and Dignity**

People were treated with dignity and respect throughout the day. Staff were observed to knock on doors consistently prior to entering peoples' bedrooms. This indicated a respect for people's personal space. Where situations arose that could compromise peoples' dignity staff were alive to it and responded quickly. Call bells were left within reach of people spending time in their bedrooms. Continence products were stored discreetly. Moving and handling manoeuvres were undertaken with kindness and respect.

A visiting health professional came into the home to give some treatment to a person. However, they did not close the door of the person's bedroom before giving that treatment. This meant that the treatment was visible to people who were walking past the bedroom door, which was not dignified.

**See Recommended Action 5.**

### **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

A new care planning system, Person Centred Software (PCS) - a well-established care planning software package, had been fully implemented.

All residents had detailed care plans in standard areas of care written up on the system. The care plans I looked at were presented in a user-friendly and readable format. They were well written in narrative style and were person-centred. Life history information was available. All of the key sections were completed properly and there were additional care plans written for specific conditions. Summary sections provided a good introduction to people's care on the front page. Care plans had been reviewed regularly.

Risk assessments were completed, with standard scoring systems to ensure that risks to people were identified and managed effectively. This included people's risk of developing pressure ulcers, risk of falling and risk of becoming malnourished. The risk assessments had also been reviewed regularly. While the care plans were of a decent standard, the manager spoke at length about several ideas she had for improving them further.

### Consent to Care and Treatment

Mental capacity assessments (MCAs) and best interest decision making documents had been completed where people lacked capacity to consent to some or all of their care. The documents were decision-specific and related to important areas of care where people may be deprived of their liberties. For example, in one case there were separate MCAs for medication, personal care / mobility, use of bed rails, DNACPR, living at Tanglewood care home, food and nutritional intake and opening post.

## Daily Care Charts

The PCS system meant that there was no need for daily care charts in paper form, as cream charts, fluid charts, nightly checks, personal care (hygiene) records and similar were recorded on the computer system. Fluids consumed were recorded diligently for people whose fluid intake was monitored. Application of topical creams was recorded well, as was required repositioning activity.

Food intake was recorded regularly, but most of the entries appeared under 'Other' rather than 'breakfast,' 'lunch' or 'evening meal' and some of the entries were not informative, i.e. they stated things like 'nutritional intake noted.' For example, Resident 3 (for 26/5/25) had no records under breakfast, lunch or evening meal, with everything recorded under 'other.' This was discussed with the manager who undertook to investigate this in more detail.

## See Recommended Action 6.

Personal care and hygiene records were reasonable. However, there were three people who had not been recorded as having had a bath or shower in the past 28 days. Resident 4's care plan said, "*[Resident 4] requires the assistance of 1 care staff to shower in the bathroom of her bungalow.*" Resident 5's care plan summary stated, "*[Resident 5 requires the assistance of 1 staff to have a bath/shower,*" although there was no further comment in the personal care plan. Resident 6's care plan stated, "*Needs 2 staff plus a shower chair for a shower. Will wash his hair in the shower.*" None of the care plans indicated how often such support should be given.

The manager was of the view that at least two of the three residents above did receive regular support from staff with baths/showers, but it was not clear where (if anywhere) the staff were recording this. The standard of personal care evident across the home was high and tended to support the contention that this was likely a recording issue rather than poor care.

A piece of work to review not only the above cases, but also the requirements of everyone in relation to their baths and showers would be beneficial.

## See Recommended Action 7.

## Activities Arrangements

The lead activity coordinator was on duty and gave an enthusiastic account of the activity programme for the home. There had been an obvious improvement since the previous year. Activities were planned much more in advance, were more structured and some bigger events were being attempted. A Methodist church service took place on the morning of the inspection and was well attended.

The activity lead had a focus upon 'play,' which is an appropriate idea for people of all ages with activities they enjoy. Some creative activities were described, such as:

- The start of the deer-hunting season was marked with the two activity coordinators wearing antlers and hiding behind sofas, while residents shot play pellets at them. This was apparently a fun activity that was particularly enjoyed.
- A different activity was arranged for each of the 12 days of Christmas, for example a piper came to the home to play for everyone, including people who spent all of their time in their bedrooms.
- There had been a trip organised to the local Lincolnshire Wildlife Park and parrot zoo.
- There had been a VE day garden party and a garden fayre on the recent Bank Holiday Monday.
- The team were preparing for the forthcoming 'music festival' activity, known as 'Tanglewoodstock.' 8 local bands had been invited to play music outside and a face painter would be coming to the home to 'hippify' people for those who were interested.

Day-to-day activities happened regularly and these included:

- Singing activities
- One-to-one activities
- Quizzes
- Exercise classes
- Skittles games
- Bingo
- Card games
- Horse racing event
- Fish and chip evening
- Biscuit decorating

Good records were kept of recent activities. From these records it was apparent that there was some flexibility with what took place each day. One entry read, *“Was meant to be Sherlock Holmes reading, but everyone chose to spend the time singing and dancing instead.”*

## 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

CQC notifications were made appropriately and were kept on file. These included death notifications and safeguarding referrals.

### Registered Manager

The manager, Alice O'Hare, had applied for registration with CQC and was awaiting interview. Alice had been registered with CQC before with a different organisation.

The last CQC inspection was around seven years ago, under a different registered entity, published in April 2018, rated 'Good' in all areas.

### Management Audits

The provider's management and governance systems were historically strong. Auditing was wide-ranging, regularly repeating and robust. When auditing and governance work identified actions to complete they were added to the home's home improvement plan and implemented. The manager demonstrated governance work relating to May 2025, which included:

- Daily clinical and operational oversight
- 10 at 10 meetings
- Call bell response time analysis (very good response times)
- Pressure ulcer audit
- Wound care audit
- Bed log
- Bed rails audit

- Monthly weight review and action plan for losses
- Medication monitoring
- Covert medicines list, antipsychotic medicines and benzodiazepines review
- Infection monitoring
- CQC notifications review
- Safeguarding cases review
- Whistleblowing cases (none)
- Complaints
- Accident and incident reporting with detailed graphical representation and trend analysis
- Dependency monitoring
- DoLS review
- Care plans (10%)
- Catering audit
- Dining experience audit
- First impressions audit
- HR and recruitment audit
- Infection control audit
- Mattress audit
- Health and safety audit
- Sling audit
- Various minutes of meetings (full staff meeting, team leaders, nutrition and residents' meetings)

### **Provider Visits**

The regional manager was relatively new to supporting the home. The usual monthly governance report had not yet been completed for May, but the manager expected that one would be completed soon.

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

The home was being well run by a positive and enthusiastic management team. The new manager had made a positive and reassuring start. She said she found a dedicated, cheerful and supportive staff team who were working to a good standard. Changes and improvements were being made slowly and carefully.

The management team were positive about head office representatives who came to the home regularly to ensure the staff team felt valued. This was especially the case as Tanglewood is one of the older homes in the group, which has several new and exciting projects opening elsewhere. The company were keen to ensure the older homes and their staff groups were not 'forgotten' or 'taken for granted.'

The good standard of care had been maintained over the past year, with several improvements (such as the activity provision) noted. The management team had lots of ideas for the future and this created a vibrant and optimistic place to visit.



## 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 reason(s) for the medication stock discrepancy.
2	Please ensure that PRN protocols contain more person-centred information and so the medicines will be administered consistently between different staff.
3	Please ensure that cupboards containing cleaning materials are kept locked at all times and that keys are not left in the locks. Please also ensure that toiletries are returned to residents' bedrooms after use in communal bathrooms.
4	Please establish whether CQC notifications for the 3 historical cases not marked on the spreadsheet have been submitted. If not then please submit them retrospectively.
5	Please speak to the visiting professional to ensure that care and treatment is only ever provided in peoples' bedrooms when the door is closed.
6	Please investigate the way staff are recording food intake, as many of the daily records appear under 'Other' rather than 'Breakfast,' 'Lunch' or 'Evening Meal.'

7	Please review all bath and shower requirements across the home (especially Residents 4, 5 and 6) so that people reliably get the support they need and that support is clearly recorded. Please ensure all care plans are written clearly in this regard.
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## 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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