2026

delphi care solutions

Barchester Healthcare Homes Ltd: Chalfont Lodge, Buckinghamshire

Mock Inspection Report and Improvement Plan

5 & 6 May 2026

Scope

Delphi Care Solutions was commissioned by Barchester Healthcare Homes Limited ('the provider') to complete an independent, evidence-based comprehensive mock inspection of Chalfont Lodge, Buckinghamshire ('the home').

We completed the mock inspection on 5 and 6 May 2026. During the mock inspection we identified good practice, some exemplars, and some recommendations for improvement and development.

We shared feedback relating to these findings with the home's general manager, deputy manager, and senior provider staff during the mock inspection process.

This report provides comprehensive details of our findings and includes our recommendations.

If the Care Quality Commission (CQC) were to inspect on the days of our mock inspection, it is our opinion that the rating for the home would be as follows:

CQC KEY LINES OF ENQUIRY					
Safe 28/32 = 88%	**Effective** 23/24 = 96%	**Caring** 18/20 = 90%	**Responsive** 22/28= 79%	**Well-Led** 27/28 = 96%	**Overall Rating**
SCORE: Outstanding	**SCORE: Outstanding**	**SCORE: Outstanding**	**SCORE: Good**	**SCORE: Outstanding**	**SCORE: Outstanding**

Rating

We work to the CQC Quality Statements scoring system, as follows:

4 = Evidence shows an exceptional standard.
3 = Evidence shows a good standard.
2 = Evidence shows some shortfalls.
1 = Evidence shows significant shortfalls.

We use these thresholds to convert percentages to scores:

- over 87% = **4**.
- 63% to 87% = **3**.
- 39% to 62% = **2**.
- 25% to 38% = **1**.

R/A/G Rating

This report details the findings of the mock inspection, utilising the Single Assessment Framework and Quality Statements currently used by the CQC.

The Red/Amber/Green (RAG) ratings below provide a visual representation of the key areas to be focused on and prioritised, where applicable, within the improvement plan:

Complaints	Accidents Incidents	Fire Safety	Safeguarding	Supervision
●	●	●	●	●
Training	**Staff Files**	**Staff Rotas**	**Medication**	**Audits and Governance**
●	●	●	●	●
H&S Audits	**Medication Audits**	**Infection Control**	**Environment**	**Care Planning**
●	●	●	●	●
Specific Assessments	**General Risk Assessment**	**Daily Notes**	**Quality Monitoring**	**MCA**
●	●	●	●	●
Activities	**Policy and Procedures**	**Whistleblowing**	**Culture**	**Person Centred Care**
●	●	●	●	●

SAFE: Score Range 1 – 4 per area (maximum Score 32)								Total score
Learning Culture **SCORE: 3**	Safe Systems, Pathways and Transitions **SCORE: 4**	Safeguarding **SCORE: 4**	Involving People to Manage Risks **SCORE: 3**	Safe Environments **SCORE: 4**	Safe and Effective Staffing **SCORE: 4**	Infection Prevention and Control **SCORE: 3**	Medicines Optimisation **SCORE: 3**	**28/32** **88%**
EFFECTIVE: Score Range 1 – 4 per area (maximum Score 24)								
Assessing Need **SCORE: 4**	Delivering Evidence Based Care and Treatment **SCORE: 4**	How Staff Teams and Services Work Together **SCORE: 4**	Supporting People to Live Healthier Lives **SCORE: 4**	Monitoring and Improving Outcomes **SCORE: 4**	Consent to Care and Treatment **SCORE: 3**			**23/24** **92%**
CARING: Score Range 1 – 4 per area (maximum Score 20)								
Kindness Compassion and Dignity **SCORE: 4**	Treating People as Individuals **SCORE: 4**	Independence Choice and Control **SCORE: 3**	Responding to People's Immediate Needs **SCORE: 3**	Workforce Wellbeing and Enablement **SCORE: 4**				**18/20** **90%**
RESPONSIVE: Score Range 1 – 4 per area (maximum Score 28)								
Person Centred Care **SCORE: 4**	Care Provision Integration and Continuity **SCORE: 3**	Providing Information **SCORE: 3**	Listening to and Involving People **SCORE: 3**	Equity in Access **SCORE: 3**	Equity in Experience and Outcomes **SCORE: 3**	Planning for the future **SCORE: 3**		**22/28** **79%**
WELL-LED: Score Range 1 – 4 per area (maximum Score 28)								
Shared Direction and Culture **SCORE: 4**	Capable Compassionate and Inclusive Leaders **SCORE: 4**	Freedom to Speak Up **SCORE: 4**	Workforce Equality Diversity and Inclusion **SCORE: 3**	Governance Management and Sustainability **SCORE: 4**	Partnership and Communities **SCORE: 4**	Learning Improvement and Innovation **SCORE: 4**	Environmental Sustainability/ Sustainable Development **N/A**	**27/28** **96%**

Overview

We carried out an on-site mock inspection at the home over two days. The mock inspection was announced to the home in advance, at the provider's request.

The home was most recently inspected by the CQC in July 2019 where it received a REQUIRES IMPROVEMENT (RI) rating overall; with RI ratings for all five key questions 'Safe', 'Effective', 'Caring', 'Responsive', and 'Well-led'.

The home is registered with the CQC to carry out the following legally regulated services:

- Accommodation for persons who require nursing or personal care
- Treatment of disease, disorder or injury
- Caring for adults over 65 years of age
- Caring for adults under 65 years of age
- Dementia
- Physical disabilities
- Sensory impairments

At the time of our mock inspection the home was registered with the CQC to accommodate a maximum of 106 service users, and there were 99 people living at the home. Chalfont Lodge is one of 287 sites operated by the provider, with 10 of these sites (including Chalfont Lodge) considered by the provider as being within a local network. The home's local authority is Buckinghamshire.

Safe

Learning culture: Score 3

We found that since the most recent previous CQC inspection, the home had developed and embedded effective systems and processes to promote a positive learning culture and improve safety. There was a clear emphasis on learning from events, reflecting on practice and reducing the risk of recurrence to help keep people safe.

Robust systems were in place to record, monitor and review incidents, accidents, safeguarding concerns and complaints. These were analysed for patterns and trends, with appropriate actions taken to minimise risks and improve safety outcomes for people. Documentation was clear, detailed and well maintained, demonstrating lessons learned, actions completed and ongoing monitoring by the management team. The provider had developed a bespoke electronic system which captured and linked across governance structures to enable a cohesive and integrated approach to ensuring learning from events was populated and cross referenced from care records, complaints and incidents records and ongoing action plans and central risk register. This enabled oversight at executive/board level and across the home management team, to ensure learning was consistently noted and applied to improve practice.

The home actively gathered feedback from people, relatives and staff through surveys, audits and regular discussions. This information was used to identify areas for improvement and strengthen safe working practices. Staff told us they felt able to raise concerns openly and were confident that issues would be acted upon appropriately.

Learning from incidents, feedback and audits was regularly shared with staff through supervisions, team meetings and daily stand-up meetings. Records confirmed staff received updates on risks, safety concerns, best practice guidance and lessons learned from incidents within the home including safeguarding incidents and learnings from other homes within the provider group. The home's staff were key players in sharing their learning with other teams across the providers' homes and shared examples of how they shared best practice with their counterparts in the other homes. Staff were able to explain how shared learning had influenced their practice and supported safer care delivery.

The home manager maintained good oversight of safety within the home and demonstrated a proactive approach to continuous learning and risk reduction. Systems introduced since the previous inspection were now embedded into daily practice and supported a culture where staff understood their responsibilities for keeping people safe.

Safe systems, pathways and transitions: Score 4

We saw that people were supported through safe and well-coordinated systems, pathways and transitions that helped ensure continuity of care and positive outcomes. There were effective systems in place to share information promptly and accurately between the home, healthcare professionals and other agencies.

The home had developed strong relationships and partnership working with the local primary care team who praised the competency and high quality of care provided by the team at the home. Staff worked closely with these healthcare professionals including GPs, advanced practitioners, paramedics, community nurses, mental health liaison teams as well as a consultant audiologist who visited monthly, to ensure people received coordinated and responsive care. Professionals were contacted appropriately for advice, assessments and intervention, with outcomes clearly documented and followed up by the home so that all those involved in people's care were able to provide safe and up to date care.

Daily communication systems, handovers and management oversight supported the timely sharing of information across the staff team and external professionals. Documentation showed actions taken were person-centred, well-coordinated and focused on keeping people safe. A weekly MDT provided cross discipline discussion to ensure care was holistically considered and daily stand up and mid shift huddles facilitated ongoing review and handover of people's care across teams and shifts.

The home was able to provide a prompt and thorough pre-assessment, such as for those being transferred for respite or 'hub' care, ascertaining whether the home was able to fully able to meet their needs. The home was part of a 'hub pilot' with the local NHS and social care providers, to support safe discharges and reablement from hospital. The high quality of rehabilitation approach, including in house physiotherapist, music therapist, and nursing care meant people were afforded intensive

rehabilitation support within a safe and therapeutic environment. These arrangements ensured people were supported by safe systems, pathways and relevant professionals to optimise their care and transitions between staff and services as needed.

Records demonstrated good communication and timely referrals to external professionals when concerns were identified about people's health, wellbeing or safety. This helped ensure people received appropriate support without unnecessary delays.

Staff understood people's needs well and worked collaboratively to ensure risks were managed effectively when people's care needs changed or when support was required from other services. Transitions between services and changes in people's care were planned and managed safely. For example, people with complex needs were facilitated to safely travel to outside events, such as funerals and social leave with their families. Staff ensured important information relating to risks, medicines, health conditions and support needs was communicated effectively with family and/or relevant professionals to keep them safe. This reduced the risk of unsafe or disrupted care.

Staff spoke confidently about escalation procedures and understood when to seek additional clinical support; the liaison and frequency of peoples' review between the advanced practice, GP, primary care paramedic and the home's nursing and care staff meant that where health conditions changed, these were closely monitored by the MDT to ensure safe care was consistently provided across the team.

The home manager and deputy manager promoted a culture of collaborative working and maintained effective oversight of referrals, professional involvement and outcomes for people. As a result, people experienced safe, joined-up care and support from staff and healthcare professionals who worked effectively together.

Safeguarding: Score 4.

The home had highly effective systems and processes in place to protect people from abuse and avoidable harm. This included policies on safeguarding and whistleblowing, and all staff had received the relevant training in safeguarding adults and children. A signing in and out procedure was in place for visitors, and staff requested to see ID to ascertain appropriate entry on the day of our inspection. The units within the home were accessed via secure number locks where appropriate to safeguard those who were vulnerable or lacked capacity.

The home, led by the management team, promoted an open and transparent culture where people, relatives and staff felt confident to raise concerns. Staff told us they were encouraged to speak up and felt assured concerns would be taken seriously and acted upon by the management team. Similarly, all the people and relatives that we spoke with felt confident any concerns would be listened to and told us they felt they or their family members were safe and well cared for at the home. Whistleblowing procedures were understood by staff and accessible within the home, with posters displaying information and contact details on how people could raise such concerns.

The home manager maintained comprehensive oversight of safeguarding matters through regular review of incidents via the electronic quality monitoring system, which identified themes and trends

for escalation and action. These were visible to senior management and reviewed through regular monthly quality monitoring reports and governance committees, such as health and safety and clinical governance meetings to ensure appropriate actions were in place. Additionally, the electronic monitoring system enabled real time data to ensure constant scrutiny could be applied and data analysis completed to investigate any concerning trends, such as pressure ulcer or falls incidents. Lessons learned from safeguarding incidents and concerns were shared with staff during supervisions, team meetings and daily discussions to help improve practice and reduce the risk of recurrence. We saw that safeguarding incidents were recorded and shared with the relevant authorities, with notifications to CQC and local authority safeguarding teams as required, with follow up actions monitored via the central governance system to ensure all mitigating or improvement actions were completed.

Additionally, the home benefitted from a dedicated clinical development nurse who supported, taught and observed staff in practice, ensuring safe care standards and preventing avoidable harm through proactive and ongoing teaching. This included recognition of the importance of nutrition, hydration and moisture associated skin damage, ensuring staff had a good awareness of the impact this plays on keeping people from avoidable harm. Knowledge and learning points were shared within the home's staff team and with the wider provider organisation to support best practice across other home sites.

The team further demonstrated a commitment to safeguarding people, with four Freedom to Speak up Champions in place across the different teams to enable good access to trained and supportive staff should concerns arise. Freedom to speak up forums were held with the champions, without management present, so that staff were afforded a safe environment to share any concerns. Staff told us they valued these arrangements and felt where issues had been escalated, these had been dealt with sensitively and acknowledged by the management team.

All staff that we spoke with were able to explain how they would recognise, respond to and report safeguarding concerns appropriately. One person living at the home told us that staff had discussed safeguarding with them in relation to their own personal circumstances, and that this had helped them to better understand safeguarding issues and risks.

Involving people to manage risks: Score 3.

There were systems and processes to ensure people were cared for in an environment that enabled them to take positive risks whilst being supported by staff to maintain their safety. People and family members that we spoke with told us how they/their relative were supported to progressively achieve outcomes, such as mobility and independence with activities of daily living, with staff who understood their needs and proactively empowered them to succeed whilst balancing this with proper consideration of risk. For example, one person had received physiotherapy rehabilitation following a fall, and said they were "amazed at the progress they had made" with this support, being able to mobilise independently and being supported to write again following losing the ability to do so as a result of their injury.

Staff we spoke with understood the importance of positive risk-taking and supporting people to live as independently as possible. We saw that risks were not managed in a restrictive way, but that staff

balanced people's rights and freedoms with their safety needs. For example, staff supported 'purposeful walkers' who were experiencing dementia to independently move around the home but with sensitive supervision where required. People were encouraged to make choices about their care and daily lives, such as whether they wished to take medication (for those who had capacity), with appropriate support in place to minimise avoidable harm. One person described how staff had supported them to adjust pain relief with homely remedies, enabling the person to take the lead in what was working for them, and be as independent as possible with this aspect of their care.

We saw evidence of where people and their families had provided information and feedback which managers and staff had listened to and used to improve care. Managers and staff told us they considered information from people and families to be an essential part of assessing and managing people's risk.

We saw that where people lacked capacity, they had been appropriately assessed in line with the Mental Capacity Act 2005, with best interest decisions documented and Deprivation of Liberty Safeguards (DoLS) in place where appropriate to maintain their safety. These were applied in the least restrictive way, and involving family members to ensure people's best interests and wishes were upheld.

Communication systems within the home supported the effective sharing of information about risks and changes in people's needs. Staff discussed positive risk management during handovers, supervisions, team meetings and daily stand-up meetings to help ensure consistent and safe care practices. The MDT approach supported staff to be confident in applying progressive techniques with suitable supervision and follow up to ensure people were safe. Changes in risks were escalated appropriately and referrals made to healthcare professionals when additional support or guidance was needed.

Care records demonstrated that people's risk assessment and risk management documentation, including related care plans, were suitably personalised and sufficiently detailed. Risk documentation was frequently reviewed, at least every month or more often if needed or appropriate. Care records were subject to a programme of audits and quality checks to promote the use of suitably personalised information to help manage risks.

Safe environments: Score 4.

People were cared for in an environment which was safe, clean and well-maintained and adapted to meet their needs. The home had effective systems and processes in place to ensure the premises, equipment, and utilities were regularly monitored, serviced, and maintained in line with current legislation and best practice guidance.

A comprehensive planned maintenance programme was in place, overseen by the home manager and led by the maintenance team. This included routine inspections, servicing schedules, repairs, and environmental audits to ensure the building remained safe and fit for purpose. Maintenance issues identified through checks, audits, or staff reporting systems were responded to promptly, with clear records maintained to demonstrate actions taken and completed.

Robust health and safety systems were embedded throughout the home. Regular health and safety audits and environmental risk assessments were completed to identify potential hazards and ensure mitigating actions were implemented. These covered areas such as infection prevention and control, fire safety, and general environmental risks of the units and the premises. Findings from audits were reviewed by the management team and used to drive continuous improvement.

Staff training for health and safety stood at 99% at the time of our mock inspection. The home had been awarded a RoSPA (Royal Society for the Prevention of Accidents) Healthcare Services Sector Award five out of six years running from 2019 to 2024, indicating the sustained high level of health and safety standards being consistently achieved at the home.

Records confirmed that equipment testing was up to date and monitored effectively, including portable appliance testing, gas safety and water checks for legionella testing. We saw that where microbial counts had been detected, appropriate action was taken to disinfect the system and close monitoring and follow up testing put in place to ensure the system was safe.

Equipment used to support people's mobility and safety, including hoists, slings, profiling beds, and other moving and handling equipment, was appropriately maintained and serviced. This included lift servicing, LOLER inspections, hoist maintenance and cleaning records of individual people's slings. Staff demonstrated an understanding of how to use equipment safely and reported faults promptly.

Fire safety arrangements were robust and well managed. Regular fire risk assessments, alarm testing, emergency lighting checks, fire drills, and servicing of firefighting equipment were completed in accordance with regulatory requirements. Personal Emergency Evacuation Plans (PEEPs), grab bags and evacuation equipment were in place to support people in the event of an emergency; PEEPS were held electronically in line with local fire safety professional agreement and staff demonstrated awareness of fire procedures and evacuation processes and good knowledge of the needs of people and how they would need to be supported in the event of an evacuation.

Window restrictor audits were undertaken routinely to ensure compliance with safety requirements and reduce risks associated with falls. Environmental checks confirmed that safety measures remained effective and that people were protected from avoidable harm.

Additionally, the home had been awarded the provider's 'WOW' project funding to design and develop an outdoor patio area, which had transformed an area previously uneven and unsuitable for people to access into a pleasant and well used social, leisure and wellbeing environment. The adjoining pond was suitably fenced off to maintain people's safety.

Furthermore, the home had proactively appointed two dedicated Health and Safety Champions from within the staff team, demonstrating a strong commitment to embedding a positive culture of safety throughout the home. The role was clearly defined, with well-established responsibilities and expectations that empowered the individual to effectively promote, monitor and champion health and safety practices across the home. This provided staff with an accessible point of leadership and guidance in relation to safe working practices, whilst supporting continuous improvement, shared

accountability and a proactive approach to maintaining a safe environment for people, visitors and staff.

Overall, the home manager maintained clear oversight of all compliance documentation through effective monitoring systems, ensuring certificates, servicing schedules, and statutory checks remained current. This supported a proactive approach to environmental safety and demonstrated a strong commitment to providing people with a safe and secure living environment.

Safe and effective staffing: Score 4

We saw that people were consistently supported by sufficient numbers of skilled, competent and compassionate staff who demonstrated an excellent understanding of people's care, clinical and support needs. Staff spoke confidently and knowledgeably about people's preferences, risks, routines and wellbeing goals, and there was a strong culture of person-centred care throughout the home. Observations and feedback showed staff knew people well and responded promptly and appropriately to changing needs, ensuring people received safe, responsive and effective support at all times. Relatives told us their family members were cared for by staff who were competent, responsive, and genuinely cared about their loved ones and told us they couldn't praise them enough.

We reviewed recruitment practices and activity and found that these were robust. This process was managed and overseen at provider level to support consistency across the organisation and the home sites. We saw there were effective checks to make sure staff were suitably qualified, competent and experienced to carry out their roles. Safe recruitment practices, for example employment history and Disclosure and Barring Service (DBS) checks, were consistently used. Checks for prospective new employees included right to work within the UK, at least two references, experience and gaps in employment, and occupational health. Recruitment activity was subject to checklists and management oversight to promote consistency. There were suitable systems to ensure that professional revalidation was in place.

Staffing levels were robustly managed and informed by a holistic dependency assessment tool which considered not only clinical and physical care requirements, but also people's therapeutic, emotional and social wellbeing needs. This ensured staffing arrangements promoted meaningful engagement, rehabilitation, independence and quality of life, rather than focusing solely on task-based or mobility/lifting and handling needs. Managers were very aware of residents' needs and reviewed dependency levels regularly and adapted staffing flexibly in response to acuity, occupancy and changing individual needs to maintain safe and effective care delivery. This included ensuring sufficient staff were available to escort residents on outings such as social trips and hospital visits without compromising staffing levels within the home.

The home demonstrated a strong commitment to workforce development and succession planning. Staff described extensive opportunities for learning, progression and professional development, and there was clear evidence of people progressing from junior roles into senior positions within the organisation. This promoted continuity, retention and a highly motivated workforce. Staff told us they felt valued and supported to achieve their career aspirations and we saw how the provider was supporting staff to develop into management roles alongside regular supervision, reflective practice,

coaching and access to additional qualifications and specialist training. The Deputy Manager had won the 'deputy manager of the year' award for 2025 for the provider group, and the dedication, skills, approachability and leadership we observed during our mock inspection reflected this accolade. Similarly, the whole team had been nominated for the team of the year Care Award and were due to attend the awards ceremony in the near future. These achievements demonstrated the high level of competency, dedication and compassion provided within the home.

We observed training compliance to be exceptionally high across all mandatory and specialist subjects. For example, training compliance for mandatory areas at the time of our mock inspection was over 99%. Systems for monitoring training were effective, enabling leaders to maintain oversight and address any gaps proactively. We saw attentive and pro-active follow up when training compliance was dipping, through discussions on the provider's daily video calls with the general managers across the group, and in staff meetings and 1:1 supervision. The home adopted a forward-thinking approach to learning and development, ensuring staff were equipped with the knowledge and skills required to meet people's increasingly complex needs.

A multidisciplinary team approach, consisting of nurses, carers, physiotherapist, music therapist, activity team and social worker enabled a holistic and tailored approach to ensure that people received holistic care. These staff were seen, through discussions, meeting minutes and people's records, to work collaboratively to ensure people's needs were consistently met.

The home benefitted from a dedicated clinical development nurse whose expert knowledge provided staff with opportunities for clinical mentorship, through observation, training and competency assessments. Training was tailored to staff needs, and ongoing support ensured staff maintained high standards of practice and confidence within their roles. The attention to detail afforded through this role ensured critical appraisal and practice development to support continued workforce development and wellbeing.

There was a positive and inclusive culture across the staff team. Staff worked collaboratively, supported one another well and spoke positively about leadership visibility and accessibility. Recruitment processes were thorough and safe, and staff files viewed showed safer recruitment processes were followed consistently, including enhanced DBS checks, photo ID, references and right to work documentation to ensure that people were cared for by suitably recruited and well trained staff.

We saw that agency usage was minimal due to effective recruitment and retention strategies; managers had worked hard to build a bank of trusted staff so that additional, quality assured resource was available when needed. These arrangements helped promote consistency and continuity of care for people at the home.

Infection prevention and control: Score 3.

The home maintained effective systems and processes to prevent and control the risk of infection. The environment was seen to be pristinely clean, fresh and well maintained throughout, with high standards of cleanliness consistently evident across communal areas, bathrooms, bedrooms and clinical spaces.

Staff were supported by a detailed cleaning handbook which clearly outlined cleaning responsibilities, frequencies and expected standards across all areas of the home. This provided staff with clear guidance and consistency in practice, ensuring they understood the provider's expectations in relation to infection prevention and control (IPC). Staff demonstrated a good understanding of infection IPC principles and were observed to follow safe practices in relation to cleaning, hand hygiene, use of personal protective equipment and waste management.

Comprehensive IPC audits were completed to monitor standards, identify areas for improvement and drive continuous oversight of cleanliness and hygiene practices. Findings were reviewed by managers and acted upon promptly, demonstrating a proactive approach to maintaining safe standards and reducing the risk of cross infection. Where outbreaks had occurred, detailed risk assessments and actions were recorded, followed up and monitored to ensure appropriate risk management was in place. We saw that a couple of wash handbasins had plugs attached which is not in line with IPC standards as set out in NHS England guidance, which states clinical hand wash basins must have mixer taps, no overflow or plug and be in a good state of repair. The home manager began addressing this as soon as we brought it to their attention. Additionally, some light pull-cords did not have plastic covers in place to support effective cleaning and infection prevention and control practices.

People and relatives consistently described the home as clean, tidy and well maintained. Relatives told us staff were approachable, responsive and always willing to provide additional or tailored cleaning support within people's bedrooms when requested. This helped ensure people's individual preferences and comfort were respected, whilst maintaining high standards of hygiene and cleanliness throughout the home.

Medicines optimisation: Score 3

We saw that medicines were managed safely, consistently and in line with current best practice guidance. The home had clear and robust systems and processes in place to support the safe receipt, storage, administration and disposal of medicines, helping to ensure people received their medicines as prescribed and in a timely way. This included flow charts and guidance within treatment rooms to guide staff in following correct procedures and reducing the risk of errors. Medicines were stored securely, and regular checks were completed to monitor stock levels, expiry dates and fridge and room storage temperatures.

Controlled drugs (CDs) were managed safely and appropriately. Clear recording systems, regular stock checks and appropriate witnessing arrangements provided assurance that controlled medicines were handled in accordance with legal requirements and best practice guidance. CD keys were kept separately by authorised staff and managers' audits and routine oversight supported accountability and enabled leaders to identify and address any discrepancies promptly. We saw there were procedures in place for safe disposal of controlled drugs, and processes to support appropriate return or disposal of expired or unrequired medications in line with local waste management and local authority requirements.

Staff responsible for administering medicines completed comprehensive training and detailed competency assessments before undertaking medicines-related duties independently. Competency

processes were thorough and practice-based, providing strong assurance that staff possessed the necessary knowledge, skills and understanding to manage medicines safely in practice. Ongoing observations, spot checks and regular reassessments with the clinical development nurse and managers helped ensure standards of practice remained consistently high. The home also paid strong attention to medicines incidents, monitoring trends and analysing root causes for errors; numbers of incidents were low and had been further reduced to minimal levels or none in some cases, over the last few months with this diligent approach.

We observed staff wearing red 'do not disturb' tabards during medication rounds, supporting safer practice and reducing the risk of errors being made. Medicine Administration Records (MARs) were completed accurately and records reviewed demonstrated good oversight and accountability, with stock quantities we checked tallying with records. Where people required support with medicines administered 'as needed' (known as 'PRN' (pro re nata)), there was clear guidance available to staff to promote safe and consistent decision-making. Staff demonstrated a good understanding of people's individual medicine needs, preferences and potential risks associated with medicines management. Where people were prescribed covert medications, appropriate and thorough documentation was in place to support staff in carrying this out appropriately; staff demonstrated suitable knowledge about supporting people with this type of need in a safe and ethical manner.

We saw that anticipatory medicines and associated prescriptions were in place to ensure the team were able to respond quickly when people's health deteriorated, such as receiving antibiotics for chest infections, and medicines to keep them comfortable during end of life care, so that treatment was not delayed unnecessarily in obtaining the required medication.

Managers maintained effective oversight of medicines management through regular audits, competency reviews and monitoring systems. Where improvements were identified, actions were implemented promptly to support continuous learning and safe practice. The provider's approach helped promote a safe culture and ensured medicines management processes were embedded effectively throughout the home.

Effective

Assessing need: Score 4

The home consistently made that sure people's care was effective by thoroughly assessing and reviewing their health, care, well-being and communication needs in a highly personalised way. Assessments were carried out with significant engagement with and involvement from people, and, where applicable, those important to them. We saw that this engagement and involvement was meaningful, and there was evidence of co-production and active contribution, and not just consultation. Staff and managers at the home told us they considered people's and family members' views as an essential part of their assessment.

We saw that a wide range of specialists were routinely involved in contributing to coordinated and integrated ongoing assessments of need, including clinicians, the home's physiotherapist team, activities staff, the music therapist based at the home, the home's head chef, and external partners such as GP staff and social workers. Staff clearly understood their remits and respected the contributions of other professionals, enabling a cohesive and holistic approach to assessing, planning and delivering care. This meant that people's quality of life and outcomes were maximised. We consider this approach to go beyond the expected levels of multidisciplinary team (MDT) involvement and as such, to be an example of outstanding practice.

We saw from care records that people's assessments were detailed and highly personalised, and there was evidence of consultation with the person, and where applicable those close to them, at every stage of assessment and review of their needs.

Assessment of need was considered as part of an ongoing, evolving process. This was supported by a dedicated monthly and cyclical 'resident of the day' initiative, whereby people's assessments and plans were subject to a comprehensive, holistic review. We saw that residents of the day were discussed as part of daily 'stand up' meetings attended by a wide range of staff, including any evolving and developing changes of need.

We saw that initial assessments were extremely detailed and comprehensive, and included consideration of potential risk areas such as behaviours that challenge and resistance to personal care. These risk areas were considered within the context of properly assessing and managing potential risks whilst supporting people as much as possible. We saw that historic information and assessments were questioned and not just accepted, and that the home properly considered all information and gathered current information to contribute to an accurate picture of the person. Crucially, the home approached assessment in a dynamic and active manner, rather than passive consideration of static information.

The home used initial assessments of need to prepare for a person's admission to the home, for example any equipment needed and any room requirements. This meant that people were able to move into the home with minimal disruption to them. One relative we spoke with told us that their parent was immediately able to move into the home in a way that made them feel relaxed and comfortable. One person living at the home told us they felt all aspects of their life, including who they were and what they wanted, were taken into account before and after they started living at the home. This meant they were able to feel comfortable from as soon as they moved in.

Delivering evidence-based care and treatment: Score 4

All aspects of the home's care delivery were supported by the provider's Care and Life Enrichment Framework (CLEF), which included areas such as 'person-centred care,' 'supporting and involving residents, family and friends,' nutrition, activities, staffing, the home environment, and quality insurance/continuous improvement. There was a focus on principles including individualisation, life stories, preferences, life enrichment and positive well-being, and engagement and connections. Crucially this approach was comprehensive, embedded, and we saw was actively supporting effective practice.

We reviewed the home's electronic care records. The home used the provider's own 'Enable' electronic platform, which was an adapted version of 'Nourish' tailored to the provider and home's own requirements and specific needs. Managers and staff told us this system had been in place for two years and was working to a high standard, supporting and enabling them to deliver care efficiently and effectively.

We saw that staff were able to consistently access high-quality, detailed and highly personalised information relating to people to support the delivery of evidence-based care and treatment. All managers and staff that we spoke with, including specialists such as physiotherapists and the music therapist, were able to demonstrate how they effectively used available information to support care.

Our reviews of care records and conversations with people, families, staff, and other professionals all demonstrated that the home prioritised and engaged in collaboration with people to a high level. People, and where applicable their families, were consistently and continually active in the delivery of care. People and family members that we spoke with all told us they were fully engaged in care and treatment, and that the home involved them far more when compared with where they had experience of other care settings.

We spoke with and saw written comments from partner professionals as part of our mock inspection. Feedback was overwhelmingly positive. For example, one visiting professional who worked across a range of home sites told us that the home's staff held them to a higher standard than other sites, for example requesting more detailed information, evidence and professional judgement, and providing greater challenge. They told us this was to ensure the best possible evidence-based care delivery and included drawing on their expertise and experiences in relation to their professional knowledge and judgement.

Care was delivered in line with legislation and current, evidence-based practice, and we saw that people and families were told about current good practice which was relevant to the person's care in a detailed and timely manner. The home's consistent use of personalised, evidence-based approaches meant that care was not only compassionate but highly effective.

We saw that people's hydration and nutrition needs were properly met, with relevant information, interventions and care properly recorded and shared. Detailed nutrition reports were shared with, and contributed to by, the home's head chef, which included people's needs, likes and dislikes, food allergies and intolerances, whether adapted cutlery was required, and Malnutrition Universal Screening Tool (MUST) score. (MUST is a validated five-step screening tool used by healthcare professionals to identify adults at risk of malnutrition or obesity in care settings.)

We saw extensive evidence of how the home had been extremely active in sharing information relating to practice, risks and outcomes both across the network of provider's home sites and with partners. Examples of effective care and treatment were considered, integrated and shared as part of lessons learned processes, including sharing findings and implications across the provider's network of home sites.

How staff teams and services work together: Score 4

The home consistently worked well across teams and services to support people. They shared thorough and detailed assessments of people's needs when they moved between different services, so people only needed to tell their story once.

We saw evidence of where comprehensive meetings had taken place to support effective information sharing, including with families and other health professionals. Where appropriate, people living at the home were also actively involved in these meetings.

We saw evidence of exceptional levels of involvement and engagement from all members of the home's team, and from other individuals and services. Staff at all levels consistently told us how they were considered as a key part of the team, and that their expertise and input was not only valued but was actively encouraged and properly recognised. We saw evidence of this in care records, meetings minutes, and from observing meetings as part of our mock inspection.

This was supported by the home's approach to allocating 'champion' status to a wide range of staff at all levels, which supported and enabled staff to become 'subject experts' and to actively contribute to care delivery. Managers told us that the home's active approach to allocating 'champion' status was to promote engagement, responsibility, involvement, and accountability. Our conversations with staff and records of meetings indicated that this approach was working well. 'Champion' areas relevant to care delivery included tissue viability, falls prevention, and nutrition.

We saw comprehensive evidence of where meetings and discussions had been used to communicate care and treatment information between staff. There was evidence of effective coordination between all parties and that this supported ongoing continuity of care. The home had regular, dedicated professionals' meetings (for example for nurses) to share information and improve practice. This also included meetings with colleagues from across the provider's other sites.

The home's electronic care management system facilitated the alerting and communicating of any concerns or emerging risks across the staff team, and we saw examples of where this had taken place to support timely and effective care delivery.

The home had a dedicated GP practice and had held a relationship with them for the last 15 years. GP staff carried out one in-person visit and one remote consultation meeting each week. Home staff could contact the GP and escalate any concerns outside of these meetings if required, and we saw evidence from care records where this had taken place. We saw from written feedback submitted in May 2026 that the GP was positive about the relationship with the home, citing improvements to communication and engagement developed and maintained over the last eight years.

We saw that other professionals were engaged and involved with care at the home, for example the local community mental health team and social workers. Written and verbal feedback shared with us demonstrated that professionals felt that the home compared positively with other sites they worked at. They also told us that the quality of care at the home was high, that staff worked in a proactive and

caring way, and that the home's processes and ways of working were high quality and supported the delivery of a high standard of safe, personalised care.

We saw evidence of engagement and meetings for people living at the home, including some where families had been engaged and involved. The home had a range of approaches to keep families and others informed, including meetings, newsletters and other written information.

Overall, the home had an integrated approach to providing and demonstrating a strong culture of collaborative and personalised care delivery, leading to positive outcomes for people. This was supported by strong evidence from external partners validating the home's embedded culture of collaboration.

Supporting people to live healthier lives: Score 4

The home consistently supported people to manage their health and wellbeing to enable them to maximise their quality of life, independence and choice. We saw evidence that the home prioritised a culture of enablement and not dependency.

Staff worked with people, families, and other professionals to support people to live healthier lives, including in some cases reducing current support and care needs. The home worked in a fully integrated and coordinated way, including through embedded, established and highly functioning systems and processes which allowed different staff and services to work together. There was an overarching culture of person centred care and life enrichment as established within the home's Care and Life Enrichment Framework (CLEF). This included a focus on health promotion and positive wellbeing.

Staff were actively supported and empowered to promote healthier lives, to support people to make their own choices about their health, and to maximise independence. This proactive and empowering approach meant people experienced improvements in health, wellbeing and confidence. For example, input from physiotherapists to assess and improve mobility supported people to maintain or regain as much independence as possible. For people who required pressure relieving equipment we found the equipment had been maintained and set to people's individual requirements. This is important for preventing and treating wound care or for people who have limited mobility.

Staff were able to show us how people were involved in promoting their own healthier lifestyles. People were engaged in planning and reviewing meal choices and actively supported in terms of their nutrition and weight management. Activities and entertainment were provided by dedicated staff and external visitors to the home, and we saw that people had suitable and timely access to GPs, nurses and other healthcare professionals.

Feedback from people and family members was exceptional. We reviewed written feedback and spoke with people and family members. One family member who was a nurse wrote that their previous concerns about medicines management and the negative impact on their relative were quickly resolved, allowing their relative to be "restored to their former self." One person told us they felt they

understood their own health and wellbeing much better since arriving at the home, which had helped them to live a better and more rewarding life.

We saw that the home had identified and shared examples of good practice where people had benefitted from positive outcomes. These were shared as part of internal quality improvement and lessons learned processes, and also as part of wider improvement initiatives across the provider's sites. Managers and staff were recognised by the wider provider organisation and external bodies for their work in delivering care to support healthier lives, including numerous awards and accolades over the last eight years. This included for example Great British Care Awards (GBCA) dementia care finalist in 2021, provider care practitioner of the year finalist in 2023, and GBCA finalist/'highly recommended' best nurse in 2025.

Monitoring and improving outcomes: Score 4

The home consistently monitored and improved all people's care and treatment with the aim of improving outcomes, and we saw that outcomes were positive and consistent. Outcomes met and sometimes exceeded clinical expectations and the expectations of people themselves.

We reviewed people's records and found that there were comprehensive arrangements for planning, coordinating, delivering, and measuring care and improvements. Care records, assessments and plans were of a consistently high quality with sufficient detail provided, and these were continuously reviewed and updated to support care needs and improved outcomes.

We saw that people's monitoring was holistic, timely and effective, with evidence of this leading to continuous improvements to care and treatment. There was evidence that people were treated as individuals with their monitoring tailored to them which supported improved outcomes.

Staff and other healthcare professionals that we spoke with were able to provide examples of how the home supported people to improve their outcomes. For example, a person had arrived at the home unable to mobilise and had been supported by staff and provided with mobility equipment which had resulted in them being able to move around the home in a manner which suited them.

We saw that outcomes were actively and continuously monitored, which meant that staff were able to properly assess and respond to changing needs promptly.

We saw numerous examples of positive outcomes where people had made significant improvements or where their deterioration had slowed down due to the work that the home had done with them. For example, one person had gained weight and moved towards a healthier body mass index (BMI) score within a four week period after admission to the home. Another person had experienced a wound healing following the home's staff working closely with the local tissue viability nursing team to implement a detailed wound support plan.

The home had supported a person who came to stay at the home as part of end-of-life care during 2025. They worked with the person to provide tailored care, and supported them to increase their

independence. This person recovered to the point of moving back into their own home and with a positive diagnosis.

Quantitative data also provided evidence of improved outcomes. For example, the home was able to demonstrate reductions in incidences of falls, reduced pressure injuries, and improved nutrition scores across the home during a 12-month period.

One family member told us they had seen significant improvements in their relative's presentation, wellbeing and mood since they had been living at the home in the last two years, and that they had improved after experiencing deterioration when living at their previous home.

Consent to care and treatment: Score 3

We saw that the home told people about their rights around consent and respected these when delivering care.

We reviewed people's records and found that Mental Capacity Assessments (MCAs) and Best Interest decisions had been properly completed and made.

Where people had capacity, there was evidence of suitable involvement documented in their care and support plans. People were involved in decisions about their care, and where they lacked capacity to make these, families and others close to them, as well as healthcare professionals, helped staff make Best Interest decisions on their behalf.

Throughout the mock inspection we observed staff to be asking people questions and respecting their decisions, for example relating to meals, activities and involvement. This provided examples of gaining consent at the time of request.

Staff and managers that we spoke with clearly understood the importance of capacity and consent. We saw that staff had completed training related to this. Managers had suitable oversight of capacity and consent processes and recording and acted to address these where required. Consent to care was appropriately signed, and this was updated in line with care plan reviews and amendments.

Caring

Kindness, compassion, and dignity: Score 4

The home was exceptional at treating people with kindness, patience and compassion and in how they respected people's privacy and dignity. Staff always treated their colleagues, and colleagues from other organisations, with kindness and respect.

We reviewed feedback from people, their relatives, and other professionals, and spoke with the same during our two days on-site at the home. Feedback was consistently positive, often describing staff and managers as being exceptionally kind, caring and respectful, and as treating people in a person-centred way. Comments from people and relatives included "superb care"; "staff make it like a home

from home"; "staff always recognise us family members and take time with us"; "staff are very good to me and are kind, caring and treat me well"; and "[staff] brought so much pleasure to the last chapter of my [relative's] varied…and full life".

One person we spoke with told us they had never received better care. One family member told us they felt the staff really know their relative and that the quality of care recognised and reflected them as a person.

We saw numerous examples of where family members said that they themselves had been treated exceptionally well. This included for example a family member saying they and other family members had been offered meals and accommodation at the home during the last two weeks of their relative's life, which had made a "sad and stressful time more bearable."

People and relatives consistently reported that staff treated people with dignity and respect, including during personal care. A person said that they felt they were treated so well that a particular staff member was like a family member to them.

A visiting professional told us they felt that staff were exceptionally respectful in their care delivery, to a better standard than other homes they worked with.

All interactions we observed were genuine, natural and evidenced knowledge and understanding of each person and their needs. This included in one-to-one and group settings. Interactions were patient, kind and caring, and staff spoke to people with compassion, which helped to put them at ease. We observed staff show genuine concern when people appeared not to be their usual self. We also saw examples where staff (such as those facilitating activities) took time to celebrate achievements and successes in a genuine, enthusiastic way.

We observed that all personal care and tasks were conducted in people's own spaces where appropriate levels of privacy and dignity were maintained. The home had a wide range of large and small rooms, including quiet areas, which supported privacy where needed.

We saw that information about people was treated confidentially, and that staff respected people's privacy.

Overall, the home's staff demonstrated outstanding practice in kindness, compassion and dignity. Staff's deep knowledge of each person, combined with their patient, sensitive and respectful approach, created an environment where people felt properly cared for.

Treating people as individuals: Score 4

We saw that the home demonstrated outstanding practice in treating people as individuals, including making sure that support, care and treatment was properly personalised and met people's needs and preferences.

We saw consistent evidence of how the home considered people's individual strengths, abilities, aspirations, backgrounds and life histories, and identity. This included due consideration of any cultural factors or protected characteristics. From speaking with staff and reviewing care records it was clear that people's personal identity was not disregarded, and was promoted by those supporting them.

We saw that people's spiritual and religious beliefs were consistently identified in care and support plans and were properly respected and supported. For example, the Reverend from the local parish church was a regular visitor to the home, conducting services of worship for those people and family members that wished to attend them.

Staff supported people to stay connected with family members and friends through the use of technology, such as video calls to those living in other countries. This meant that people were able to maintain social connections to help maintain and improve their wellbeing.

We saw that people were able to contribute to the home's community by having roles and responsibilities, for example the designated resident ambassador. We spoke with one family member who's relative, sadly now passed away, had lived at the home, and the family member had continued to visit to home as he felt he had made friends with other people living there and their families. The home's manager had recognised the mutual benefits of these visits and had agreed with the family member to allocate them formal volunteer status.

Staff consistently demonstrated deep respect for each person's preferences, communication style and emotional needs. They adapted routines, environments and support strategies to ensure people felt understood, valued and in control of their experiences.

During our mock inspection we observed staff at the home to be demonstrating understanding of each person, including their personal needs, strengths, backgrounds, and preferences. Managers and staff demonstrated a high level of understanding of people's backgrounds and lives in their interactions, as well as their personal situations and circumstances.

We saw that staff consistently demonstrated patience and understanding whilst promoting independence, for example encouraging people to move around areas of the home and grounds in a manner which was comfortable for them. Each person was treated with respect and engaged with as an individual, with their autonomy and decision-making respected. We saw staff engage with people without making assumptions, and staff gave people opportunities to make and change their decisions, for example at mealtimes and during activities. We saw that staff would provide clear information where decisions were made on behalf of people as part of their care and best interests.

Staff we spoke with told us how they were able to communicate with people to identify their individual needs and preferences. All staff we spoke with demonstrated they knew people extremely well, and we observed consistently positive and meaningful interactions between staff and people who lived at the home. We consistently saw examples where people's individual interests and preferences were considered and respected throughout both days of our mock inspection. Staff consistently demonstrated a high level of understanding of people's likes and dislikes. Staff were able to describe

in detail how best to communicate and engage with individual people using their knowledge of the person, whilst not making assumptions.

The home promoted flexible visiting times, including where visitors were encouraged to dine with people including in private areas. Pets were encouraged to visit the home, and this was supported by appropriate risk assessments.

Feedback from people and their relatives was consistently high in relation to how people were treated as individuals. For example, written feedback to the home from 2026 described how staff went "above and beyond" to provide personalised care for their relative, meaning they were not lost as a person and that their individuality and personality were respected. One person told us they felt they were treated in a way that respected them as a person and that they felt as if their personality was "not forgotten about."

Independence, choice and control: Score 3

We saw that people were given choice and control in their activities, visits, meals, and drinks, with staff providing clear information relating to choices and alternatives.

We saw evidence of detailed and personalised risk assessments and care plans to promote and encourage maintenance of independence in relation to activities within and outside of the home. There were adequate supplies of suitable equipment to support and maximise outcomes and independence, and records indicated that these were properly maintained and consistently checked for safety.

We saw that people were able to meet with others who were important to them (including family members and friends), both inside and outside the home environment. This included frequent visitors to the home. The home had a large, accessible outside areas which staff told us were well-used when the weather was suitable. These areas were subject to appropriate maintenance, checks and risk assessments by staff.

Throughout the two days of our mock inspection we observed people to be receiving timely, responsive support when their needs changed or they needed assistance. Staff were highly visible within communal areas and responded promptly to people's requests for support, including assistance with mobility, reassurance and engagement. Staff demonstrated awareness of signs of deterioration and were able to describe how they would appropriately escalate concerns. People had access to healthcare professionals when needed, and referrals were made promptly, supporting responsive care.

Care records demonstrated that changes in people's needs, including following incidents or hospital admissions, were recognised and acted upon. For example, when people returned from the hospital, care plans were updated to reflect changes in needs, and staff were able to describe how they adapted support accordingly.

Feedback from people and relatives demonstrated that care and support were delivered in a timely manner when required. One person told us they "know that when they ask for or need help, [staff] will be there."

Responding to people's immediate needs: Score 3

Staff at the home listened to and understood people's needs, views and wishes. We saw that staff responded to people's needs at the time and swiftly acted to minimise any concern, distress or discomfort. Staff were consistently available to support people when they needed help, reassurance or guidance, for example during activities sessions and mealtimes.

People told us they felt they would receive support and assistance quickly if they needed it, and that they trusted staff to act in their best interests. Staff knew people well, which meant they were able to recognise changes in presentation, mood or behaviour and take immediate and appropriate action.

We observed staff to be attentive, proactive and responsive, including using their in-depth knowledge of people to help identify early and emerging signs of discomfort or distress. The home's highly personalised care records demonstrated that staff understood what could cause distress for each person, and also how to respond appropriately to support positive impacts for people. We saw from documented care records where this had consistently taken place. People's care needs and associated risks were clearly identified in their care records, and we saw that these had been regularly reviewed and updated to ensure information was current and relevant, and aligned with people's personal circumstances. Staff could access important summary information about people quickly (alongside more comprehensive and detailed information) to help support responsive care delivery and avoiding preventable distress.

Technology such as call bells, sound monitors and panic alarms were used to monitor for people or colleagues urgently needing help, and staff responded appropriately.

Concerns about people were shared with relatives and other services to ensure their health and wellbeing could be monitored, and necessary action taken. We also saw repeated evidence of where family members had contributed to the information held by the home about people to support and facilitate responsive care.

Workforce wellbeing and enablement: Score 4

We saw that the home's manager and deputy manager, and senior provider staff, demonstrated a strong commitment to both supporting staff wellbeing and enabling them to flourish.

All staff that we spoke with were extremely complimentary about the home's culture of support, respect, and staff development.

One staff member told us that they received excellent support and encouragement in their work, and that senior colleagues were knowledgeable and always helpful. Another staff member praised the

whole team approach of the home, saying that everyone (including managers and senior colleagues) would work together to provide excellent care.

We reviewed staff survey results and written feedback from staff about their work from the last 12 months, and this was consistently extremely positive. One example stated that "working at [the home] for the last 10 years was the most meaningful and educational experience of my life". Another example stated that the home "genuinely supported my professional development…I was encouraged to further develop my career," and that they felt "supported and heard by the management team." A further example stated, "my team is fully embedded in the whole home approach" and that "the manager provides excellent resources" to support their work.

Staff confirmed they received regular support through structured supervisions, appraisals, and team meetings. We saw that these sessions provided opportunities for practical and emotional support, reflection and professional development, helping staff to feel confident in their roles.

We saw that staff were consistently encouraged and supported to develop their skills, knowledge and experience for example by assuming lead/'champion' roles within the home and being involved in quality improvement work. Staff told us they were trusted and supported to take on responsibility and accountability, which helped create an overarching culture of development and empowerment at the home which was integrated and aligned with the home's ambitions and ongoing work to improve.

Staff thrived in an environment where they were encouraged, and supported, to develop new skills and knowledge. Leaders ensured staff had access to training, mentoring and opportunities to expand their roles, resulting in a confident, motivated and highly skilled workforce.

We saw numerous examples of significant career progression within the home. Many staff had worked to achieve more senior roles and greater responsibilities during their time at the home, including for example one person who had progressed through carer, nurse, senior nurse, unit manager and clinical lead roles over 10 years. This person cited strong support from managers and staff colleagues to help achieve this.

This strong focus on wellbeing, enablement, growth, and development contributed to a strong, skilled, enthusiastic team who felt proud of their work and motivated to maintain and improve high standards. As a result, people benefitted from consistent, compassionate and high-quality care delivered by staff who felt supported, valued and empowered.

Responsive

Person centred care: Score 4

We found the home to be exceptional at providing a person-centred approach to people's care and in their interactions with people.

We saw numerous examples, from the highly personalised care records, of how the home had properly considered people's personal circumstances, life histories, likes and dislikes, aims and aspirations, and family circumstances to deliver tailored and person-centred care. Furthermore, the home was exceptional at ensuring that people were at the centre of decisions about their care and treatment. People were supported to work in partnership with staff, and staff at the home responded proactively to changes in their needs and preferences. We saw examples of where care plans were co-created with people, ensuring that their views, wishes and goals were clearly reflected.

Staff demonstrated a strong understanding of what mattered most to people, including their routines, preferences, dislikes and personal goals and aspirations. This information informed and directed how care was delivered and enabled staff to adapt support promptly and effectively as people's needs changed. Care was delivered in a way which respected people as individuals and promoted choice, involvement and dignity at all times.

We saw that the home demonstrated a clear commitment to supporting choice and decision-making in line with the Mental Capacity Act.

Staff worked with people to provide highly personalised activity programmes, including a wide range of tailored and evidence-based music therapy interventions. We saw that activities were planned around individual choice and reflected people's aspirations and care and treatment goals. People were empowered and supported to make their own choices as far as possible, including provision of any reasonable adjustments needed.

One person told us that they felt that everything was set up for them and in their best interests, and that staff worked hard to meet their individual needs in terms of what they wanted to do both within and outside the home. One family member told us they felt their relative "was treated as a real person" and that both the person's and the family member's views were properly considered by staff, helping the person to maintain a sense of self.

This meant that people consistently experienced and benefitted from meaningful, purposeful activities and days which supported their interests, aspirations and goals.

Care provision, integration, and continuity: Score 3

We saw that the home had a high level of understanding of the needs of people living there and the available provision within the local community, so care was joined-up, flexible and supported choice and continuity. Staff knew people at the home well, meaning they could provide support that responded to their needs and choices.

Continuity of care was supported by external visitors to the home, including GP staff, social workers, and other health and care professionals. Staff communicated effectively within the team and with families, ensuring changes in care were shared promptly. This helped maintain smooth transitions and integrated care.

Providing information: Score 3

The home supplied appropriate, accurate and up-to-date information in formats that were tailored to individual needs. There was comprehensive information available, including hard-copy information leaflets, in the reception area and other areas throughout the home.

Information was provided in a variety of formats, including text, pictures, symbols, and by using objects of reference in line with the Accessible Information Standard (AIS). This is a legal requirement for organisations providing health or social care services which aims to ensure people with disabilities, impairments, or sensory loss receive information in formats they can understand.

Staff we spoke with were able to demonstrate examples of how they communicated with people based on their individual needs. This included how and where they spoke with people, and how they interpreted people's responses and requests including how these may evolve over time.

Care records and feedback indicated that people and relatives were kept informed about care and any changes. Information was shared in accessible ways, including phone calls, emails, and face-to-face discussions during visits.

People and family members that we spoke with told us they were always kept up to date with information that was relevant to and affected them.

Information about people we reviewed followed data protection legislation and other legal requirements and was handled in accordance with these requirements.

Listening to and involving people: Score 3

The home made it easy and convenient for people to share their views and ideas. There were dedicated policies and procedures for complaints, compliments and provision of feedback.

We reviewed feedback submitted to the home, and we found it to be extremely complimentary. This included feedback from people living at the home and their families. The home had a consistent approach for managing feedback, compliments and complaints, and this were overseen by managers and provider regional and quality leads to promote consistency and thoroughness.

Managers and staff recognised and could describe the distinction between requests for action or improvement, and complaints. Information about how to provide feedback, including how to complain, was accessible, clear, and easy to understand.

The home operated separate residents and family meetings processes to discuss people's experiences, feedback and concerns, and to suggest improvements. We saw that this led to suitable actions and outcomes, for example in relation to food provision, the home environment, and activities.

We saw evidence of how the home had used feedback and complaints information and findings to drive improvement, including through staff meetings, supervisions and appraisals, and staff training. Findings had been integrated with incidents, accidents and risk processes where applicable. Complaints had been subject to thorough, comprehensive investigations where findings and recommendations had been shared with all staff, with the wider provider, and with partners where appropriate.

Equity in access: Score 3

We saw evidence that the home made sure that people could access the personalised care, treatment and support they needed, when they needed it. The home premises and outside areas were suitably accessible for people living there and their visitors. People were encouraged and supported to attend events outside of the home.

We saw that people's needs were comprehensively assessed before they moved into the home and care plans reflected any reasonable adjustments the person needed to ensure their needs were met. The home's 'activities and life enrichment team' used technology to support equitable access for people. For example, sensory trolleys and digital media was used for reminiscence sessions.

Equity in experience and outcomes: Score 3

We saw that managers and staff actively listened to information about people who were most likely to experience inequality in experience or outcomes and tailored their care, support and treatment in response to this. This included for example people who were most at risk of exclusion and isolation due to their personal circumstances.

We saw evidence that staff reviewed and acted upon information about people in a way which supported equity in experience and outcomes. This included addressing any potential barriers to inclusion (such as communication difficulties) with the aim of ensuring people felt valued and a part of the home's community. Staff included and considered personal goals and outcomes as part of care planning and care delivery.

We saw that staff consistently worked to provide an inclusive, engaging environment for people whilst respecting when people chose to spend time alone, or privately with their families.

Feedback from people and relatives indicated that everyone was treated with respect and had equal opportunities to participate in activities and outings.

Staff demonstrated awareness of protected characteristics and adapted care accordingly. For example, we saw that cultural and religious needs had been considered in activity planning and meal options.

Planning for the future: Score 3

We saw that people were given proper support to plan for important life changes, so they could make informed decisions about their future, including at the end of their life.

The home demonstrated a commitment to supporting people and their families in planning for the future, ensuring everyone was empowered, informed, and treated with dignity and compassion throughout their journey. People were supported to understand how to legally prepare for times when they might no longer be able to make decisions for themselves.

One person told us that they had felt they had discussed and expressed their wishes for future care, including their end of life preferences.

We saw evidence of Do Not Attempt Cardiopulmonary Resuscitations (DNACPRs) documented and in place. We saw that specific sections within the care records were completed in relation to End-of-Life plans, hopes, goals, and preferences.

We saw that staff had received suitable training in relation to end of life care.

Well-led

Shared direction and culture: Score 4

We found there to be a cohesive and demonstrably collaborative team approach across the senior management team, with good communication channels observed between the regional director, home manager, deputy manager and team leads which cultivated a shared direction of travel across the whole team. This fostered a shared culture, with staff who felt passionate about providing excellent care, with a drive to continuously improve and learn.

We saw that the home had been externally recognised, winning awards such as Best Deputy Manager of the year 2025 within the provider group and Highly Commended – Best Nurse at the Great British Care awards. Additionally, the team had been nominated for best team award at the upcoming Stars of Social Care Awards ceremony. These achievements demonstrated the high quality and team culture that was present within the home.

Staff shared a range of initiatives which fostered a positive culture and brought staff together, including International Nursing Day celebrations, events planned for staff wellbeing, a managers 'cook off' raising money for charity and celebrating long service of staff members with people and team gatherings. We observed one such event on the day of our inspection, with the staff member giving their time to sing for people. This staff member had provided audio equipment to enable such singing events to take place around the home, reflecting the dedication towards the community culture seen amongst staff and people during visit, and highlighted during conversations with relatives.

The home had a unique focus on music therapy, with a dedicated music therapist and shared programme of music engagement which could be seen impacting positively on people's wellbeing and which was embedded into the culture of the home. We observed people to be enjoying the singing and other music events during our inspection. People and their relatives spoke fondly of the strong music focus which considerably enhanced theirs or their family members' wellbeing.

Staff aspired to provide high quality care, led by a compassionate and highly skilled team of managers, administrative staff and department leads, who continually and collaboratively sought out ways to drive service improvements. Feedback from staff highlighted the positive and dedicated leadership from the home manager, and the approachability and open door policy with all managers, contributing to an effective team working attitude across the home. This enabled people to receive joined up care, based on shared values and in line with the homes' values of respect, integrity, passion, empowerment and responsibility; these values were evident across the interactions we observed during our inspection and resonated within feedback from people and relatives we spoke with during our mock inspection.

Capable, compassionate, and inclusive leaders: Score 4

We saw that staff were led by a team of capable, compassionate and inclusive leaders. The home manager, regional director and deputy manager worked closely together to ensure a cohesive, transparent and supportive leadership culture was in place within the home. This leadership approach was positively reflected in feedback from staff, people and relatives, who consistently shared that both the managers and the team were approachable, compassionate, receptive and genuinely cared about the people they supported and the staff teams.

Throughout our mock inspection, we noted managers actively involved in the day to day activities of the home, supporting staff, people and relatives alike with compassionate conversations, mentoring and walk rounds to ensure they were visible and available around the home. Relatives couldn't speak highly enough of the attention to detail and compassionate support that they and their family member received from managers and the team, with 'nothing being too much trouble.'

The home manager had personally supported staff to develop significantly in their careers, with two current members of staff offered management training and mentoring opportunities to become General Managers in the near future. Staff told us how valuable this was to them and the incredible support they had received during their time at the home. Additionally, staff and relatives spoke very highly of the home manager, deputy manager and administrative staff who all played a crucial role in the smooth and compassionate running of the home, offering an open door policy, and empathetic approach to the journeys their family member had been on. Discussions within staff meeting minutes highlighted the inclusive nature of the leadership style, with topics such as ideas to celebrate world diversity day and the sensitive approach staff took with ensuring staff and people were included and considered on an individual basis; for example, keeping in touch with a member of staff currently unable to work due to ill health to provide ongoing support, and facilitating a person with complex health conditions to attend a funeral with their family.

There was a strong culture of psychological safety, facilitated by the home manager's commitment to fostering an inclusive and values driven approach; this was reflected in the feedback from staff, relatives and people who told us they felt confident to speak up, challenge practice and share ideas without fear of negative consequences. One relative described how they had been supported by the managers and team, to set up a relatives support group hosted at the home, and solely for those relatives without staff present, providing social, emotional and peer support to others in a similar

vulnerable position. This had enabled a safe and therapeutic environment to be established, within an understanding culture of the need to support relatives' wellbeing by the management team.

Freedom to speak up: Score 4

The home, led by the management team, had developed a strong and well-embedded culture of openness, transparency and psychological safety. This had been in response to the challenge, led by the home manager, where the home had previously encountered a negative culture where people did not feel safe to speak up. The transformation under the leadership of the current home manager and deputy manager, along with the support and values led behaviours displayed by them and the regional and operational team leads, had fostered a psychologically safe environment in which staff now thrived and contributed towards a culture of continuous improvement and compassionate care.

Staff consistently told us they felt safe, confident and empowered to speak up about concerns, challenge poor practice and share ideas for improvement without fear of reprisal. Leaders at all levels actively encouraged constructive challenge and demonstrated a visible commitment to listening and learning from staff feedback. This was demonstrated through the home appointing four Speak Up Champions across the different disciplines within the workforce, who's photos were displayed to ensure visibility to everyone in the home. Speak Up Forum minutes, discussions with staff and the learning and supervision sessions held to support staff in developing their practice in a safe environment, showed how staff were encouraged and empowered to share thoughts for improvements and given autonomy to lead improvements across the home. For example, staff had highlighted that the start time of the day shift hindered the person centred care approach, with some people not being facilitated to get up at the time they desired due to the busy change over period. The managers were actively looking at how shift times and patterns could both address this identified need, improve people's care and optimally balance staff working patterns. These practices showed that leaders promoted a culture where freedom to speak up was viewed as an essential part of maintaining safe, high quality care.

Overall, freedom to speak up processes were highly effective, well understood and fully embedded within the culture of the organisation. Staff were aware of multiple routes for raising concerns, including direct access to managers, senior leaders, Speak Up Champions, staff networks and anonymous reporting mechanisms through the whistleblowing policy and process.

Workforce equality, diversity, and inclusion: Score 3

The home benefitted from a diverse workforce where staff were supported in an inclusive culture and had equal access to opportunities such as training and career progression, regardless of their background. The registered manager had invested in staff development, supporting staff from different backgrounds to develop into professional roles and senior management positions with coaching and training qualifications. We saw that staff felt empowered and had significantly progressed in their careers as a result of this dedicated approach from the registered manager and the provider.

The collaborative nature of the team was evident during conversations we observed whilst on site, and staff had all received training in equality and diversity to ensure these principles were applied across

team work and care delivery. Feedback from staff indicated they felt supported and treated fairly regardless of their background.

We saw that staff from a range of diverse cultures were champions within the workplace, and discussions within staff meetings demonstrated attention was paid to promoting cultural considerations and diversity, such as celebrations for world cultural diversity day. Staff files we reviewed confirmed that recruitment practices were fair, transparent, and inclusive, ensuring no barriers existed for minority or underrepresented groups. Workforce demographics were monitored regularly, allowing the home to identify trends and take proactive action to support underrepresented staff.

Governance, management, and sustainability: Score 4

We saw that the home had strong systems in place to support robust oversight and accountability of the quality and care being provided at the home. This included a framework of clinical governance, underpinned by robust policies and procedures, quality management systems, a stable workforce, strong leadership and a shared vision of ensuring ongoing compassionate and safe care was provided.

The provider had invested in a comprehensive, bespoke, electronic quality management system which brought together all areas of governance, including (but not limited to) incidents, safeguarding, risk management, key performance indicators, financial management, staff recruitment and retention, a central risk register and home action plan. This provided the management team, both within the home and at provider level, real time access to data across all aspect of the home, with the ability to quality assure standards of care, training, staffing and risk management processes across the home as well as pro-actively identify themes and trends to predict potential areas of concern or focus. The quality management system provided oversight and tracking of key areas, including safeguarding alerts, Deprivation of Liberty safeguards and post incident actions to ensure appropriate follow up and review in such cases.

The home benefitted from a strong management team, led by an experienced, compassionate and very capable registered manager, who was ably supported by the deputy manager and regional director and administrative staff; we saw that the collaborative and respectful working arrangements across this management team promoted strong communication and clear understanding of roles and responsibilities so that quality assurance, risk management and a proactive approach to continuous improvement was embedded within the team's ethos and practices. The leadership approach meant that department leads and staff across the team were aware of the systems and processes in place to support them in doing their roles safely and effectively. This meant that staff at levels understood their responsibilities and accountability within the home.

The regional director held daily video calls with the general managers, and we saw how this enabled staff to understand and support their peers with operational challenges, whilst working pro-actively to identify trends such as training gaps and staffing management to optimise staffing levels across the group. This forum provided an additional layer of scrutiny and support to the management and governance of the home. Daily morning huddle meetings and 'pulse meetings' later in the day demonstrated the strength of leadership in ensuring continuous review and communication of people

and operational issues were diligently considered and addressed as necessary, ensuring a continuous quality assurance and risk management approach across the home on a day to day basis. Observational spot checks, including unannounced night visits, were conducted by the regional director and the management team to ensure practice was safe and compassionate.

A comprehensive programme of audits, including planned preventative maintenance and reactive maintenance support, infection control, clinical care, medicines management and staff training provided assurance that standards across all aspects of the home were regularly and diligently scrutinised to ensure people were receiving safe and effective. Feedback from visiting professionals confirmed that people were afforded high quality care by the home's team, with examples given of regarding the effective leadership, governance and communication channels to sustain this over time. The home had been chosen by the local NHS and social care partners, to provide post covid HUB beds, an initiative to support patients discharged from hospital who required MDT assessment and treatment to improve recovery outcomes and return home, contributing to the reduction in delayed discharges and enhance continuity of care which the home's holistic team provided. These arrangements demonstrated the service's ability to respond immediately to support the wider health and social care challenges, whilst maintaining high quality and holistic care for these people.

Clinical governance and health and safety committee meetings were held regularly, with discussions focused on incidents, risks, safeguarding, staffing, training compliance, service performance and lessons learned. Records demonstrated managers reviewed information effectively and took appropriate action to improve the quality and safety of care. Monthly provider reports were completed by the registered manager and shared with the regional director and Board for scrutiny. Records, including operational documentation, care plans and minutes of meetings were well organised and thorough, providing assurance of good governance across the home. These arrangements ensured key performance information was regularly reviewed to monitor the quality of the service and address any potential areas for improvement in a timely manner. The presence and remits of the clinical development nurse, independent healthcare practitioners who worked alongside the team and external audits such as local authority led Provider Assessment and Market Management Solution (PAMMS) inspections, provided additional external assurance that services were delivered to the expected standards.

Business continuity was well understood across the management team and staff across the home; people understood their responsibilities within emergency scenarios, and relevant documentation and processes, such as PEEPs, were in place to facilitate people's safety in the event of these situations.

Overall, the home had sophisticated and thorough governance systems and processes in place, with daily monitoring of performance and risks, which were used effectively by the registered manager, in collaboration with a competent team, to ensure care and facilities were optimised for people' benefit.

Partnership and communities: Score 4

The home worked closely and effectively in partnership with people, relatives, healthcare professionals and external agencies to support positive outcomes for people living at the home. Feedback from relatives, people and partner professionals highlighted the good communication and relationships that

the team had developed with community teams, GPs and other professionals to ensure people received coordinated and person-centred care.

Records and information shared during meetings demonstrated timely referrals and relevant information sharing when people's needs changed. The home encouraged feedback and involvement from people, relatives and stakeholders to help improve the quality of care provided; people ambassadors were in place to promote approachability amongst the people. Discussion with one of the ambassadors highlighted the positive relationships and approach that the staff took to involving the people with all aspects of running the home.

Managers maintained positive links with the local community and wider system partner organisations to promote wellbeing, inclusion and access to additional support and services. This included excellent relationships with partnering health care professionals, including GP, advanced practitioner, primary care paramedic, consultant audiologist, lead social worker and NHS health partners. The home had been chosen as one of three care homes to support patients being discharged from hospital; this initiative required the home to be responsive and provide MDT assessment and rehabilitation to support people with complex medical needs in the community and reduce delayed discharges from hospital. The team, evidenced through feedback on our visit, was recognised by healthcare partners for their competency in thorough assessment and holistic treatment plans to enable people to improve recovery outcomes whilst supporting NHS bed pressure challenges.

The home was well embedded in the local community, and hosted various events on site for example cheese and wine and fragrance evenings, attended by people, their families, and the local community.

Learning, improvement, and innovation: Score 4

The home promoted and maintained a long-standing culture of continuous learning, improvement and innovation. Systems were in place to monitor the quality and safety of the home, identify learning opportunities and drive improvements. The comprehensive oversight provided through the bespoke quality management system and framework of governance meetings ensured that learning and improvement was embedded within the running of the home. The management team, in collaboration with the regional director and clinical development nurse, promptly reviewed incidents, complaints, safeguarding concerns and audit findings to identify themes, trends and areas for development. Lessons learned were shared with staff through meetings, supervision and training to support improvements in practice.

Staff were encouraged to contribute ideas and feedback to improve the home and told us managers were approachable and responsive to suggestions. Speak up champions held regular forums, and ideas were anonymously brought to managers so that staff views were heard and acted up to improve wellbeing and service delivery. Managers shared a recent initiative that staff had raised, to adjust the start of shift times to better take account of people' early morning care needs, whilst balancing staff work-life balance needs. This highlighted the approachable and listening culture which staff valued and enabled them to contribute ideas which could lead to improvements in the home.

The provider demonstrated a commitment to developing staff skills and implementing improvements to enhance people's experiences and outcomes; staff had been supported to develop and advance their careers through significant training and mentorship programmes leading to general manager training in some instances. The availability and competency of the Clinical Development Nurse also highlighted the service's commitment to ongoing learning and development of staff, with clinical quality improvements such as proactive and in depth training to prevent pressure area damage and the importance of nutrition and hydration in maximising people's outcomes. Improvements were identified through quality assurance processes, such as falls and medicines incidents which were monitored and reviewed to ensure actions were completed and sustained.

We saw that 'you said we did outcomes' were displayed around the home, highlighting where improvements had been made in response to feedback from people and relatives.

Feedback from people and their families confirmed they were supported to contribute to care planning and decision-making. Regular people meetings, surveys and an open door policy meant people (people, their relatives and staff) had easy access to share their feedback on the service; discussions with relatives, staff and healthcare professionals during our mock inspection highlighted that this happened in practice, and that managers were receptive and keen to learn how they could continually improve the service being provided. Feedback from relatives demonstrated that managers listened and responded positively to their needs; for example, relatives were supported to establish a dedicated support forum, providing a private space and protected time to meet and offer peer support to one another. Relatives told us this initiative was highly valued and had a significant positive impact on their emotional wellbeing and support needs.

Additionally, the home and provider had developed a bespoke quality framework to further champion high quality care; entitled the Care and Life Enrichment Framework, this spanned seven pillars of people's care which were actively monitored to provide further assurance that particular focus was given to enriching people's lives. Within this, the team gave particular attention to providing good nutrition and dining experience; a further example of this was demonstrated in people being offered a 1940s style ice cream parlour to encourage higher calorie diets for those at risk of weight loss. These examples highlight the team's dedicated, innovative and diligent approach, and understanding of the impact that continual review and learning can have on the quality of people' care and improving their outcomes.

The home was subject to ongoing review and analysis by the wider provider organisation in terms of learning and quality improvement, including benchmarking against other provider sites both regionally and nationally. This helped the home to identify and focus on key areas of improvement and innovation, including by using best practice identified across all provider sites.

There was evidence that the home's focus on learning, improvement and innovation had contributed to evidence in care records of improved results for people in terms of reduced risks (for example falls) and enhanced outcomes (for example healthier nutrition and weight).

Environmental sustainability / sustainable development: Score N/A

In line with current CQC methodology we do not currently formally assess this area.

However, we found that the home had a strong commitment to sustainability which would mean that this area is likely to be scored highly, should scoring be introduced.

During December 2025, the home's general manager had created and implemented a "Sustaining Care, Sustaining the Planet" initiative and accompanying document, which applied the principles of "responsibility, engagement and continuous improvement" across a range of key environmental focus areas. This included key responsibilities for staff, suppliers and people living at the home.

Areas of focus included energy efficiency, the use of renewable energy; waste management and recycling (including the recycling and repurposing of unwanted clothing and focusing on food waste); water conservation and rain harvesting; sustainable transport; and resident, staff and community engagement (including awareness raising, training and ideas/action committees).

This initiative was subject to ongoing review, monitoring and measurement, including through the gathering of feedback from all involved parties and formal audits. Successes and achievements (such as waste reduction and increased staff awareness) were identified, and potential challenges (such as balancing suitable IPC practices with reusable materials use) were highlighted and properly considered.

The initiative included identified plans and next steps, for example the formalising and implementation of the home's 'Green Plan 2026'.

This initiative's document included documented feedback from people living at the home, for example one person said, "having spent many years as a farmer I appreciate nature and traditional methods of farming…it's great to see [the home's] …initiatives aligning with these values." One person recommended that the home share information and achievements with visitors to "extend our hopes beyond [the home's] borders."