THE WOODBERRY PARTNERSHIP

INSPECTION REPORT

LINDLEY PARK

CQC RATING GUIDE: '**GOOD**'

Privately Commissioned Inspection for

Lindley Park

Conducted by:

Simon Cavadino

Date of Inspection:

3rd November 2026

Contents

Executive Summary	4
CQC Rating Guide	6
CQC Key Question – Safe	7
CQC Key Question – Effective	12
CQC Key Question – Caring	16
CQC Key Question – Responsive	18
CQC Key Question – Well Led	21
Required and Recommended Actions	23
Inspection Methodology	24
Introduction to Author	25

Executive Summary

Tanglewood Care Homes operates a group of residential care homes for older people across the Midlands and the North of England. The company aims to provide high quality care in safe and comfortable surroundings, always promoting independence and choice. As part of Tanglewood's quality assurance programme, additional inspection visits have been commissioned from outside care professionals. This is to ensure the organisation makes use of an external eye, acting as a 'critical friend', to further improve and enhance the quality of leadership and the quality of care at their care homes. An introduction to the author is available at the end of the report.

This is the report from a day spent at **Lindley Park**. Lindley Park is a new purpose-built residential care home for older people, including people living with dementia, located in Huddersfield, West Yorkshire. The home's environment is one of the most highly sought after in the residential care market The home opened in November 2025 and was approaching the end of its first year of operation. This was a full inspection and was my first visit to the home.

The findings of this visit were very positive and reassuring, indicative of a highly successful first year of operation. The culture of the home was especially warm, cheerful and welcoming. All interactions between staff and residents were happy, upbeat and friendly, with plenty of gentle banter and laughter. Feedback from residents was highly complimentary about the care they received, with one person commenting, *"I never thought being in a care home could be this good."*

There were plenty of staff on duty. Staff had been recruited in line with regulatory requirements, were well trained and regularly supervised. Staff spoke appreciatively about their roles, their colleagues and the support they received from the manager One staff member described the team as *"now my family."* The home's occupancy level had increased quickly, but quality had been maintained at the same time.

There was evidence of meaningful activity taking place, with residents speaking fondly of the recent Halloween event. The staff team told some particularly heartwarming stories of people who had been supported to experience special moments, with one person being gifted some money by a local shopping centre to go on a special shopping spree.

The home's environment was clean and well presented. Personal care was of a good standard, backed up by diligently kept daily care records. The lunchtime experience was well managed and was a cordial and sociable experience all round.

Regulatory compliance and attention to important detail was excellent, supported by the provider's robust auditing and governance system. Care planning was of a good standard, with well-drafted and informative care plans and well-prepared mental capacity assessments. Medication systems were safely managed.

This report contains only a small number of recommended actions, all of which are minor matters that should be easily resolved. These related to a medication trolley and fridge that were unlocked within a medical room, one medication stock discrepancy, dishwasher tablets stored in unlocked kitchenette cupboards, the choice of background music at lunchtime and clarifying the instructions for a newly admitted resident's emollient cream.

The team responded well to the inspection process. They were keen to do well and were open to constructive criticism, advice and dialogue. Lindley Park was a very pleasant and welcoming place to spend a day, which augured very well for a bright future for the home.

Well done to the whole team and the only really important recommendation is for everyone to keep up the good work.

CQC Rating Guide

This is a ratings guide for this service on the basis of what was seen, heard, witnessed and experienced on the day of inspection. It is for guide purposes only. The methodology used for conducting the inspection and preparing the rating is discussed in more detail in a separate section at the end of the report:

	Inadequate	Requires Improvement	Good	Outstanding
Safe			**X**	
Effective			**X**	
Caring			**X**	
Responsive			**X**	
Well-Led			**X**	

Overall: Good

This was a solid 'Good' guide rating with no significant concerns raised. This was indicative of a highly successful first year of operation.

With a successful presentation of all the community based and lifestyle work during a CQC inspection, higher honours may not be out of the question if standards are maintained and progress remains positive.

CQC Key Question - Safe

The following CQC quality statements apply to this key question:

- Learning culture
- Safe systems, pathways and transitions
- Safeguarding
- Involving people to manage risks
- Safe environments
- Safe and effective staffing
- Infection prevention and control
- Medicines optimisation

Staffing Levels

The home is registered to provide residential care for a maximum of 61 older people, including some people living with dementia. There were 48 people in residence on the day of my visit. This meant there had been excellent growth and the service had quickly become very popular in the local area.

The home was laid out over three floors. The current staffing levels were as follows:

Ground Floor (For up to 21 older people requiring residential care – 20 in residence)
(am) 1 team leader (or senior care assistant) and 2 or 3 care assistants
(pm) 1 team leader (or senior care assistant) and 2 or 3 care assistants

First Floor (For up to 25 older people living with dementia – 15 in residence)
(am) 1 team leader (or senior care assistant) and 2 care assistants
(pm) 1 team leader (or senior care assistant) and 2 care assistants

Ground Floor (For up to 15 older people requiring residential care – 13 in residence)
(am) 1 care assistant (with support from the first floor senior)
(am) 1 care assistant (with support from the first floor senior)

At night there were five staff, typically one night team leader, one senior care assistant and three care assistants.

Some of the early staff came in to work at 7am and some staff who worked the late shift stayed until 10pm. These staff were able to provide assistance to the night staff at the beginning and end of their shifts with people who required support getting up in the morning and going to bed in the evening.

The staffing numbers were growing as the occupancy increased and the home was staffed to ensure that the occupancy could increase at a sensible rate. A regular dependency monitoring exercise was conducted as one way of ensuring the staffing was sufficient. From my observations during the day there were enough staff to care for the current resident group. Both the management team and the care staff were of the view they were able to provide a quality service.

Ancillary Staff
In addition to the care staff there was a front of house manager, maintenance manager, head housekeeper and a domestic team (including dedicated laundry staff). There was a chef or sous chef on duty each day, along with a kitchen assistant. There was a lifestyle manager and a lifestyle assistant. Hairdressing and chiropody services were contracted externally.

The home was run by the registered manager and the care manager, both of whom were supernumerary to the care staff.

Staff Vacancies
Recruitment had been successful, especially given how quickly the home had grown its occupancy levels. There were some further staff who had been recruited pending regulatory checks and were awaiting start dates. These were two senior care assistants, three care assistants and one housekeeper. There were three additional vacancies and these were a housekeeper, a kitchen assistant and a senior care assistant. Recruitment remained ongoing.

No agency staff were being used.

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

Information seen included:

- Recent photographs
- Application forms
- Full employment histories
- Medical information to ensure people are fit to work
- Contracts & terms and conditions
- Suitable ID
- Information to confirm the right to work in the UK
- Suitable references
- Job descriptions
- Interview notes
- DBS information

Open Safeguarding Cases

The manager advised there were no open safeguarding cases relating to the home. There were no other live complaints, whistleblowing cases or concerns open with local authorities or CQC.

Medication Management

The medication trolleys were kept in secure medical rooms on each floor. At this visit I audited the medical room on the ground floor. The medication systems were demonstrated capably by one of the team leaders. I found the systems to be safe and well-managed. Only two minor issues were identified.

Good practice included:

- Keys were kept by the senior member of staff in charge.
- Storage temperatures were monitored daily for both the medication room and the refrigerator. Records indicated that the temperatures were within safe ranges.
- Plastic pots, spoons and syringes were single use.
- The trolleys were tidy and well organised and attached to the wall when not in use.
- Medication was delivered regularly in original packaging – a non MDS approach.
- Controlled drugs were stored and checked correctly. Random stock audits tallied.
- Do not disturb tabards were worn by staff administering medication.

- PRN protocols were well written, regularly reviewed and contained sufficient information to enable consistent administration.
- Ordering processes worked well.
- Medication audits were conducted regularly and action plans were produced where necessary.

On entry to the medical room it was noted that the medication trolley, while attached to the wall, had not been locked. The medication refrigerator had also not been locked. While recognising that these items were stored within a locked medical room, it is best practice to also keep the items locked.

The home used an electronic MAR chart system. The system prompted all prescribed medication administration and so it was not possible to 'forget' any medication or not sign for it. The key to demonstrating the system is being used correctly is to ensure the stock present in the boxes and packets matches exactly the amounts on the system. I undertook ten separate random stock checks. All of them were correct, apart from one. Resident 1's paracetamol tablets were showing as 100 on the system, but there were only 98 in stock.

See Recommended Actions 1 & 2.

Premises Safety & Management

The home was spotlessly clean and well presented. No unpleasant odours were noted anywhere. The home was warm and cosy, with ambient temperatures being suitable for older and more sedentary people. The home was appropriately maintained with a full programme of regular maintenance checks undertaken by the maintenance manager. Domestic staff worked hard throughout their shift and kept their cleaning chemicals safely within their lines of sight.

Each floor had a kitchenette area in the dining room. In each of these there was a cupboard that contained cleaning materials and dishwasher tablets. These cupboards were unlocked on the ground and second floors. While recognising that the risk to people was lower on these floors than on the first floor due to their needs, it would still be best practice for dishwasher tablets and cleaning materials to be kept locked away at all times.

See Recommended Action 3.

Laundry Room
This room was spacious with both an ‘In’ and an ‘Out’ door. Soiled laundry was stored correctly and washed separately on a sluice wash. Dissolvable red bags were used for safe storage and laundering.

Kitchen
The kitchen had received a recent environmental health inspection and was awarded a score of 5 – ‘Very Good,’ which was the highest score available.

Kitchen practices were not assessed further at this inspection.

CQC Key Question - Effective

The following CQC quality statements apply to this key question:

- Assessing Needs
- Delivering evidence-based care and treatment
- How staff teams and services work together
- Supporting people to live healthier lives
- Monitoring and improving outcomes
- Consent to care and treatment

Supervision & Appraisals

The home employed 54 staff. The provider used a system called Coolcare to monitor the frequency of supervision, appraisal and probationary review meetings. The system showed all supervisions and appraisals to be up to date, apart from a small number that had only become due in the last couple of days. Plans were in place to conduct these meetings. This meant that supervision and appraisal was kept up to date.

Minutes of supervision, appraisal and probation review meetings were kept on personnel files and were signed by both parties.

Staff Feedback & Morale

All staff spoke particularly positively about their experiences of working at Lindley Park. Comments included:

"I've been through a full induction and proper training sessions. It's been excellent so far."
"I enjoy working here. It's been really good. Absolutely no concerns."
"I've never really had a family before, but this team is now my family. Anna is the best manager ever."
"This is such a nice place to work. It's a great team."

Mandatory Training

The current percentage compliance for mandatory training was presented at **95%**. This was indicative of a well-trained team and a focus from the administrative staff to ensure people kept up to date with their training. Further face-to-face training was booked in for the forthcoming weeks.

Mental Capacity - DoLS

On 2nd June 2026 it was announced that the Cheshire West ruling made in 2014 had been overturned by the Supreme Court. This will probably mean, in time, that far fewer DoLS applications will be required as the criteria for submitting them will be very different. This ruling was discussed at length with the manager.

A recent DoLS application had been made for a resident who lacked capacity to consent to her care, but did not have any exit-seeking behaviour, covert medication or significant refusals of care. With the new guidance it was almost certain this would not be granted. The manager reported that she had been advised to keep submitting as before until further clarification was received. In many other areas of England and Wales homes are no longer submitting such applications and have withdrawn similar applications made prior to the decision in June.

Eating and Drinking

I witnessed the lunchtime experience in the ground floor dining room. This was well managed by the staff and was a positive experience all round. Good practice included:

- Tables were nicely laid, with clear menus on display.
- People were given a choice of where to sit.
- Staff were wearing appropriate protective equipment in the form of washable aprons.
- Napkins and clothing protectors were available.
- Staff interacted with residents in a pleasant, cheerful and relaxed manner.
- Choices of different drinks were given to people. Refills were offered when people finished their drinks.
- Choices of main courses were given in a manner suitable for the resident group.
- There were also choices of different desserts and these were served at the appropriate time.
- Staff were patient and appropriately persistent with encouraging people to eat, without being overly pushy or controlling. One person was given a different meal when they did not wish to eat their first choice.
- Plenty of staff were around to assist, including the chef who was involved in the serving out.
- Nobody was rushed with their meals.

The background music was a radio station playing contemporary music that the residents had little interest in. The music was regularly punctuated by spoken advertisements. It would be preferable for the music to be old-style and of the residents' choice. It would be good practice to speak to the residents to establish what background music they would like.

See Recommended Action 4.

Premises Presentation

Entrance and Reception Area

The home had a bright and welcoming entrance and reception area. The manager's office was accessible at the side of the main reception. Information such as the home's registration certificate and the complaints policy were displayed prominently. The home did not as yet have a CQC rating, but this would be displayed after the first inspection.

Design and Adaptation

The home was designed and purpose built for people who have mobility restrictions. All bedrooms had en-suite toilets and wet room showers. Full assisted bathing facilities were also available on each floor.

Communal Rooms

The lounges and dining rooms were welcoming, clean and very nicely furnished. There were a variety of different lounges and dining rooms in the home, including a sports lounge and a garden lounge. There was also a fully kitted out hairdressing salon. There were secure balconies on the upper floors. Snack and hydration stations were available on all floors.

Bedrooms

The occupied bedrooms were nicely personalised with people's own belongings and photographs of their families. This enabled them to feel settled at the home. The bedrooms were fitted with smart televisions.

Gardens

There secure garden area was small, but attractive. The team said it had been well utilised during the recent hot summer.

CQC Key Question - Caring

The following CQC quality statements apply to this key question:

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

Residents

There was a sense of calm across all parts of the home. All interactions between staff and residents were cheerful and friendly, with plenty of gentle banter and laughter observed. Staff were natural, genuine, cheerful, relaxed and upbeat. A really friendly and positive culture of care was palpable everywhere. Feedback from residents about their home and the care they received was highly complimentary.

Quotes included:

"I never thought being in a care home could be this good."
"I'm well looked after. It couldn't be any better. We are so well accommodated. There's nice food given. I have no concerns, complaints or worries."
"I've really settled in well. There has been no stiffness because everyone is honest and genuine."
"All the carers are lovely. I enjoyed helping with the Halloween festival thing."
"Everything is spotless and the staff are first class. I think they should have a pay rise."
"I'm very happy here. I like playing Scrabble with my friends."
"The staff are wonderful. They are very kind. Can't fault them."
"The food is nice, but I think there should be more alcohol in the trifles."

Staff were proactive and energetic at all times of the day in trying to meet peoples' needs. This did not just apply to the care staff. Domestic staff were overheard having pleasant conversations with residents while they worked.

The standard of personal care was high throughout the home and this was backed up by clear daily care records. People were supported to be clean, well-presented and wearing properly fitting clothing.

Visitors
Visiting was able to take place unrestricted. I did not get the opportunity to speak with any visitors during this inspection.

The latest Carehome.co.uk rating was 9.8/10 from 29 reviews, which demonstrated a high level of satisfaction about the quality of care from the people who used that website for feedback.

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

Confidentiality
Care plans were stored electronically and were password protected.

CQC Key Question - Responsive

The following CQC quality statements apply to this key question:

- Person-centred care
- Care provision, integration and continuity
- Providing information
- Listening to and involving people
- Equity in access
- Equity in experiences and outcomes
- Planning for the future

Care Plans

The care planning system in use was Person Centred Software (PCS), a well-regarded electronic care planning system, which has been implemented successfully in many different care homes. Care plans had been written following detailed assessments of people and contained plenty of person-centred information and clear life history information. The care plans I read were well-drafted and informative. Specific care plans were in place for individual health conditions, such as osteoarthritis, diabetes and Alzheimer's disease. Summary documents were written clearly on the initial page and actions for staff were drafted succinctly.

This included for residents only recently admitted to the home. The care plans, risk assessments and planned care had been completed in a short timescale, which indicated that plenty of thought had gone into their care prior to admission. People were only accepted to live at the home if their needs could be met and were compatible with the needs of other people already living at the home.

Established scoring systems were used to ensure that risks to people were identified and managed effectively. The system produced a list of required risk assessments that were completed for all. These included people's risk of developing pressure ulcers, risk of becoming malnourished (MUST & Waterlow) and moving and handling risk assessments. Care plans and risk assessments had been reviewed on a monthly basis, including as part of the resident of the day process.

Consent to Care and Treatment

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

prepared when people lacked the capacity to consent to a specific decision. For example, in one case there were separately considered MCAs for use of CCTV, consenting to live at the home, medication, personal care and use of sensor monitoring equipment.

Daily Care Records

Daily care records were diligently kept across the home. Hygiene charts were in place for everyone and indicated personal care had been given regularly and as required. The manager was able to demonstrate how the quality of these charts had improved over recent months.

Fluid intake for people on hydration watch was well recorded, as were food records for people on nutrition watch. Care staff recorded when they applied emollient creams to people and the PCS system arranged these records into working topical MAR charts (TMAR). All of these areas of practice were well evidenced.

The only exception related to the instructions for Resident 2's emollient cream. Resident 2 had an instruction of, *"One application of cream – to be applied three times a day.*" This instruction did not say what the cream was or where it was to be applied. This minor matter was updated during the inspection.

See Recommended Action 5.

Activities Arrangements

Both lifestyle staff were on duty and interacted well with the residents during the day. Activities included games, musical activities, dancing and a knitting club.

The lifestyle team along with the management team gave an excellent and enthusiastic account of the large array of activities that had taken place since the home opened. Many events and day-to-day clubs had taken place. Some of these were:

- Halloween night celebrations
- Choirs and singing
- Arts and crafts

- Trip out to a Chinese restaurant
- Coffee mornings
- Local pre-school children visiting and doing activities including reading to the residents (once a month)
- Music therapy and karaoke
- Quizzes
- Chair exercises, chair Zumba and chair yoga
- Walks in the park
- Flower arranging
- Online church services
- Baking activities
- Film afternoons
- And much more

The team had organised some special events for individual people. The highlight was one person who wanted to go shopping for the day. As a result of social media exposure the local shopping centre gifted the person a £500 voucher to go shopping and buy a range of things she wanted. This was made to happen and was viewable in a series of social media videos. The person had an amazing time, still talks about it and there was talk of it happening again for a Christmas shopping excursion.

A lady who was 102 wanted to walk down a catwalk in a fashion parade. The team made this happen and had the event sponsored by a local clothing store who provided the dresses and outfits. Again, there were engaging social media clips shown of the event.

Two people who had been married for 69 years had a special Valentine's Day meal that was featured in the local press.

My advice to the team was to find a way of featuring and showcasing this evidence earlier during an inspection, confidently and without waiting to be asked. It sets the tone of illustrating the identity of the home in a particularly positive way. It would be a pity if the home were to be judged officially without a full airing of all of this material.

CQC Key Question – Well Led

The following CQC quality statements apply to this key question:

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

Registered Manager

Anna Chan was registered as manager and had been registered as part of the home's originating application. Anna was an experienced registered manager and had been registered before.

CQC Rating

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

Management Governance

A robust internal auditing and governance system was in place, as designated by the provider. A wide range of key areas were covered each month. The sheer amount and depth of the auditing gave confidence the home was well run. The management team believed in the governance system and felt it helped to keep everyone safe. Actions identified through the audits were placed on a home action plan.

Auditing and governance work for October 2026 included:

- Daily clinical oversight reports
- Weekly governance reports
- Care plans (minimum 10%, but 6 completed in October)
- Catering audit – 100%
- Dining experience audit – 100%
- Fire drill (nights)
- Health and safety – 99%
- HR audit – 94%

- Lifestyle audit
- First aid audit
- Grab bag checks
- Call bell response times audit (good results 91-94%, especially for this stage)
- Medication audits
- Daily walkaround reports
- Complaints
- Pressure cushions
- Mattress checks
- Weights and weight loss management
- Resident of the day work
- DoLS review
- Slings and hoists checks
- Dependency monitoring staffing exercise

Management and Leadership Observations.

The management team had done an excellent job in commissioning Lindley Park through its first year. The home had grown quickly, but quality had been maintained at the same time. The culture of the home was especially warm, cheerful and welcoming. Regulatory compliance and attention to important detail was excellent.

The home was a very pleasant and welcoming place to spend a day, which augured very well for a bright future for Lindley Park.

Required and Recommended Actions

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

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

1	Please ensure that medication trolleys and refrigerators are kept locked, even when stored in locked medical rooms.
2	Please investigate the medication stock discrepancy for Resident 1.
3	Please ensure that dishwasher tablets are stored securely across the home at all times when not in use.
4	Please discuss the background music choice over lunch with the residents, leading to playing music that is more in line with their choices.
5	Please clarify and record the exact emollient cream to be applied in the case of Resident 2.

Inspection Methodology

The inspection took place over one full day on site at the home. Evidence was obtained in the following forms:

- Observations of care and staff interactions with residents.
- Observations of general living and activities.
- Discussions with people who lived at the home.
- Discussions with staff who worked at the home, including management staff.
- Inspection of the internal and external environment.
- Inspection of live contemporaneous care records.
- Inspection of live contemporaneous management records.
- Inspection of medication management systems.

The main inspection focus was against compliance with the following regulations:

- HSCA 2008 (Regulated Activities) Regulations 2014.
- The Care Quality Commission Registration Regulations 2009.
- The Mental Capacity Act 2005.

Full account is also taken of the following key guidance, although this list is not designed to be exhaustive:

- CQC's recently published Single Assessment Framework (SAF) and its associated Quality Statements.
- The recently retired Key Lines of Enquiry (KLOEs), as these were always a good technical guide for what appropriate quality care looks like.
- NICE guidelines on decision making and mental capacity.
- NICE guidelines on medication management.
- A whole variety of CQC's clarification documents from over the years.
- RIDDOR guidance on reporting injuries and dangerous occurrences.

The ratings awarded for each key question are professional judgements based on over 25 years' experience of inspecting and rating care services. I believe the most meaningful rating is a 'description,' not a 'score.' It is a 'narrative judgement,' not a 'numerical calculation.' This inspection does not attempt to mimic CQC's current complex scoring system.

Introduction to Author

Simon Cavadino
Simon has worked in the provision, management and regulation of social care and healthcare services for over 25 years. He currently works with a range of different care provider organisations, offering advice on the Health and Social Care Act (2008) and its accompanying regulations. He is able to undertake detailed compliance advice work and/or senior-level management advice and coaching. Simon trades under the banner of The Woodberry Partnership.

During his career Simon has worked as an inspector for the Commission for Social Care Inspection (CSCI) and for the Care Quality Commission (CQC). He has undertaken detailed inspection, registration and enforcement work during his two spells working for the national regulator.

Simon has also worked for care provider organisations in both the private and voluntary sectors, achieving high quality services wherever he has worked. His most notable career achievement was as Director of Operations for a private sector provider, where he commissioned, built, opened and ran 25 sought-after care services for adults with a learning disability over a period of 8 years.

www.woodberrypartnership.co.uk

[End]