

# Avom Care Limited

# Horsell Lodge

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Horsell Lodge is a residential care home that can provide personal care and accommodation up to 70 people aged 65 and over. At the time of this inspection they were accommodating 20 people. Only the ground floor was occupied at the time of the inspection. The first floor communal area was being used as an additional activities area.

### People's experience of using this service and what we found

Staff supported people to follow interests and created activities to match people's hobbies. People received person-centred care that had been thoughtfully tailored to each person's individual needs.

Relatives, where appropriate, were involved in sharing details about people to ensure staff knew people on a personal level and details about their life histories and interests.

People were supported by kind and caring staff who treated them with respect and as individuals.

People were kept safe from the risk of harm and were supported with their medicines by well-trained and competent staff. Staff had been safely recruited and completed all mandatory induction processes and training.

People received a good standard of food and drinks. Staff also monitored nutrition and hydration when necessary, and referrals to specialists were made when appropriate in a timely way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager and the staffing team knew their responsibilities and worked well with health and social care professionals.

People were confident to raise any concerns and staff were knowledgeable in the appropriate processes to follow to support people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 30/10/2019 and this is the first inspection.

### Why we inspected

This was a planned inspection based on being an unrated service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Horsell Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

Horsell Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the area manager, registered manager, deputy manager, senior care workers and care workers. We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and dependency tools to ensure staffing levels were being met.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe. One relative said, "The staff are brilliant, and they do such a good job keeping [person] safe and well." One person said, "I feel safe here. They (staff) do a wonderful job."
- Staff had received safeguarding training and were confident in explaining to us what process they would follow if they had any safeguarding concerns. One staff member said, "I am aware to look out for any potential abuse and signs to look out for in people which might be a sign of potential abuse."
- There was a safeguarding policy in place and the registered manager was knowledgeable in how they would address any safeguarding concerns.

Assessing risk, safety monitoring and management

- People had individual risk assessments in their care plans that catered to all risks. This included falls and pressure ulcer risk assessments.
- Changes to people's risks were documented clearly in care plans and staff knew how to report any changes. One staff member said, "If something has changed (to a person's care needs) then we make sure to report (to the management team) so that they can be updated in the care plans. We also have a handover process to discuss any daily changes. They have all the risks which we need to know about."
- Staff were knowledgeable of people's risks and showed consideration when supporting people. One person who was at risk of falls and had anxiety of mobilising was supported by a member of staff in a supportive and compassionate way when they needed support during the lunch time meal.
- The registered manager told us that all staff promoted positive risk taking to encourage independence. This was seen when a person was offered support by staff, however, stated that they wanted to access the community independently. The person had capacity and strived to maintain their independence.

Staffing and recruitment

- There were enough staff to meet people's needs. The registered manager had a dependency tool in place to ensure there were enough suitably qualified staff to meet all people's needs.
- Some staff and relatives told us that at times it seemed there may be a shortage of staff, but nobody had noticed any impact on people's care. One relative said, "The last couple of weeks [person] has said "they're very busy, they're short on staff." I haven't noticed any difference or any impact on him." One person said, "I think there are enough staff. More than adequate to look after everybody."
- The registered manager confirmed that originally when the home was first registered it had more staff than required to match the dependency tool. Even though the dependency tool showed enough staff were on shift, staff and people had noticed less staff to the ratio of people. The registered manager was looking at recruiting further staff to support people through the busier periods of the day to ensure a high level of care

was maintained.

- The registered manager followed safe recruitment processes. These included full reference checks, interview processes and checks with the disclosure and barring service (DBS). This ensured any potential employees were not known to the police and held convictions that would make them inappropriate people to work in a care setting.

#### Using medicines safely

- People and relatives told us that staff supported them with their medicines. One relative said, "The staff here are very good with Dad's medicines. And they are always on top of reviews and keep me updated of any changes I may need to know."
- Staff were knowledgeable about people's different medicines and any side effects or allergies that people had. People had individual medicine profiles that were well managed and updated whenever changes were made to avoid any mistakes.
- Time sensitive medicines were administered at the correct time and people had access to "as and when" medicines (PRN) when they required them.
- Staff who were trained to administer medicines received regular training. They were also subject to regular competency checks to ensure there were no gaps in knowledge.

#### Preventing and controlling infection

- Following an outbreak of COVID-19 at the home, CQC undertook an infection prevention control (IPC) inspection and had been assured in all areas. The staff had maintained a high level of monitoring of all areas of infection control at the home and we were again assured in all areas.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- The registered manager was keen to learn from any incidents that occurred in the home and analysed all accidents and incidents. Action was taken to prevent any reoccurrence as a result. An example of this was people were supported with walking aids if they had experienced an increase in falls.
- People told us how any concerns were listened to and changes made if they raised concerns to the staff or management team. We saw an example of this with a "you said, we did" poster on the notice board for people to see what action had been taken by the registered manager learning from comments made.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to people moving into the home there was a thorough pre-assessment completed. The registered manager said, "It is so important to completely ensure that we can meet someone's needs. We have a responsibility to make sure that we can provide people with the best care possible."
- Assessments were completed in line with relevant guidance. For example, people had Malnutrition Universal Screening Tool (MUST) assessments in place to ensure any risks regarding malnutrition were addressed.
- Individual needs were identified and included into people's care plans. These included Waterlow assessments for people at risk of pressure sores.

Staff support: induction, training, skills and experience

- Staff told us that they were supported with all the training they need and had a thorough induction when they started working at the home. One member of staff said, "I had an induction when I started and a training package which is also ongoing at the moment including online and face to face. I thought the moving and handling training was very good and informative. I also had shadow shifts to start with for the first few days which worked really well for me."
- The registered manager had a training matrix. This tracked when staff had upcoming refresher training to complete and ensured all staff were up to date with all required training.
- The registered manager explained that there was a mixture of skills and experience throughout the staffing team. This was shown through the range of various shadowing shifts offered to new staff throughout their induction to ensure they worked with a team of staff with a variety of experience.

Supporting people to eat and drink enough to maintain a balanced diet

- People and relatives told us that they were happy with the food and drink they were offered by staff. One relative said, "I could probably go as far as saying the food and drink [person] is offered is similar to that from cruises we have been on in the past." One person said, "Food is lovely and always a good selection. They give you more if you want it so you never go hungry after a meal."
- There were refreshment areas throughout the home that meant people could access drinks and snacks whenever they wished. There was also a wide range of menu choices to ensure all people's dietary likes and dislikes were catered for.
- Staff had made referrals for people to the Speech And Language Therapist (SALT). This ensured that any person at risk of choking were identified early and the person could be supported with a modified diet if necessary.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff were knowledgeable about identifying changes to people's care needs. This was documented in care plans through communication with relevant health professionals to ensure people attended specialist appointments in a timely way.
- The management team had worked effectively to ensure all people were registered with the correct GP. During the pandemic they had faced struggles, however, had established a good working relationship with the local GP practice.
- The registered manager had built a good rapport with the local physiotherapist team and was working towards introducing onsite visits for people who would benefit from this to improve their mobility.

Adapting service, design, decoration to meet people's needs

- All of the people living in the home resided on the ground floor of the premises. Some people were living with dementia, and the home was designed to meet everybody's care needs. There were memory features for people living with dementia and a cinema room so people could enjoy watching their favourite films.
- There was a notice board at the entrance so people could keep updated of changes planned for the home, improvements that had been made and general information for people.
- The home had clear signage in all corridors and there were various communal areas so people could choose where they spent their time.
- People's rooms were decorated with personal belongings, such as family pictures and living areas were decorated with pictures and designed in a way to encourage social interaction. For example, a group of people were seen to be having an animated conversation about the daily news in one of the communal areas.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People who lacked capacity had decision specific DoLS in place. All DoLS were accompanied by mental capacity assessments that had been thoughtfully completed, and in addition to this best interest decision meetings with people who held legal power of attorney (LPA) had been documented.
- Where people had capacity, mental capacity assessments had been completed and signed by them for various support needs.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People told us that staff were kind and caring. One person said, "They (staff) are kind to people here". Another person said, "The staff are so good. They have time to talk and ask how I am when they see me. If I need anything at all I know they will do what they can for me. They (staff) are always very kind when talking to me."
- People told us staff treated them with respect. One person said, "Staff are very kind. They talk to me nicely and with respect."
- We observed staff respect people's privacy. Staff closed doors to bedrooms when supporting people in their rooms and knocked and waited for answers before entering people's private rooms.
- All staff were seen to promote independence. People who were at risk of falls were supported by staff to be as independent as possible. One person was keen to continue to try to mobilise independently. Staff were seen to monitor the person's mobility discreetly and occasionally ask if they could support in any way. One staff member said, "[Person] are you okay? Let me know if you need anything, I'm just going to be over there."
- Staff received training in equality and diversity and the home had a policy in place as well for staff to follow.

Supporting people to express their views and be involved in making decisions about their care

- People told us how they were involved in making decisions about their care. One person said, "We get to talk about everything we need." Another person said, "They come and talk to me about what care I have and need. We speak about any changes and what I think could be done. They do try and make sure I get what I need."
- Staff involved relatives, where appropriate, to express their views. One relative said, "I feel very involved, which is so important to me. [Registered Manager] and the staff are so good at asking me for my opinions and keep me updated of any decisions made."
- Staff told us how important it was for people and their relatives to be involved with all decisions. One staff member said, "I always ask and respect their wishes. I wait for a while and then would go back to someone if they had declined something. Not trying to rush anyone but making sure they have every opportunity available."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff had worked tirelessly to ensure people avoided isolation during the challenging times of lockdown periods of the COVID-19 pandemic. Activities had been promoted and designed to meet people's individual needs.
- One person had not been able to attend a close relative's wedding. Understandably the person had been disappointed and upset by this prospect. Staff worked with the family to ensure they could access the live link to the ceremony. Staff then asked all people that lived in the home dressed up and they hosted a "reception", this included flowers and colours that matched the theme of the wedding to make the person feel as involved as possible. The chef also made canapes, a three-tier wedding cake and served prosecco to re-create the wedding reception.
- During periods of 'lockdown' one person was reflecting on a partner they had lost and how much they missed them. On the day when restrictions lifted staff ensured they could take the person to the graveside so they could pay their respects.
- Relatives told us that staff would try their hardest to find activities that matched people's hobbies. One relative said, "There's always something different going on, the staff really do go above and beyond to enrich the lives of the people living here. It has made [person] seem years younger and so much happier, it really is better than when they were home alone before."
- Another relative fed back, "Horsell Lodge far exceeded our expectations in terms of care and management. This brand new home has excellent facilities and a comprehensive activities program for those that wish to participate. Over the last few months, the attention to care of both the residents and staff has been exemplary with stringent COVID arrangements for visits. This alone shows a high degree of understanding, care and ongoing wellbeing of all involved. I couldn't wish for a better environment for [person] to live in and be constantly cared for."
- Group activities had been designed as thoughtfully as possible to ensure many people took part. One activity that had been suggested was an afternoon tea. Staff designed a 'mad hatters tea party' with decorations. One staff member said, "We just wanted to make sure it wasn't just an afternoon tea and we did everything to make it extra special."
- Staff told us how the importance of activities had increased during the pandemic to try to ensure nobody felt isolated. One staff member said, "We are just always trying to think outside of the box and incorporate everyone's interests. Whether that is creating a quiz that incorporates different people's hobbies so they can really feel involved and enjoy the quiz. Or create special parts of the garden in the good weather if people enjoy sitting outside."
- A few people really enjoyed live music and it was recognised that this was not the same as playing music on a record player or sound system. The staff arranged a live musician to attend the home as soon as the

weather was good enough to support social distancing and government guidelines and have a live performance in the garden.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff and the management team told us how they strived to know as much as possible about everyone so they can deliver a high standard of personalised care. One relative said, "Before [person] moved in I was asked to complete a document of past histories, hobbies and other personalised bits. I was blown away by the attention to detail and how long the document was. Staff then showed me how they had incorporated it into all areas of the care plan. And the proof is in the pudding all the staff, and I mean ALL the staff know [person] so well."
- Another relative had fed back, "[Person] has only been a resident at Horsell Lodge for three weeks but is so happy there. The staff have gone out of their way to make her feel settled and happy. She is a good food lover and rates the meals very highly! Her room is modern and luxurious but feels like home to her as she has been able to personalise it with her own pictures on the walls. Thank you to the whole team."
- Another relative fed back, "The staff are all very helpful and personable. They go out of their way to make the residents comfortable and also to make things easier for the family of residents. A member of staff even used her own Skype account so the whole family could talk to [person] on their birthday... They regularly hold events and entertainment and you can see by the pictures how much these are enjoyed. The Lodge has the look of a five-star hotel but the feel of a family home so you can be confident that your loved one is being really well looked after and cared for in very pleasant surroundings."
- Relatives also told us how people's wellbeing had improved since moving in to Horsell Lodge and how the staff and the care had enriched their lives. One relative feedback, "The entire staff of Horsell Lodge, from the manager to all the care workers, have been wonderful. Making her feel part of the family from day one. [Person] is really settled and her sense of humour is back. I have been made incredibly welcome and the home makes it possible to visit often. This is a really caring home."
- The chef had regular meetings with the resident so they could discuss meal preferences. This was very detailed and took into account all details, no matter how small. For example, one person had raised they did not like the onion soup to have 'bits' in it. It was then decided as a majority vote to ensure all soup going forward were smooth in texture.
- People chose how they wanted to spend their time and what level of support they wanted. One person said, "I can do the activities if I want. Sometimes I just want to go about and do my own thing. Doesn't matter really but there is a choice."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had communication needs detailed in care plans and staff were seen to change their approach depending on the person. One staff member spoke clearly and close to a person's ear because they were hard of hearing.
- There were large font and various other communication aids available if a person required this.

Improving care quality in response to complaints or concerns

- People and relatives told us that they had no concerns and if they did have concerns, they would be comfortable to discuss these with any of the staff or the registered manager. One person said, "I have no need to complain about anything. If I was annoyed then I would let them know right away, don't worry

about that. I certainly wouldn't stand for anything."

- Staff were confident in the reporting pathway for any concerns that were brought to them first. There was a policy to follow and all staff were aware of this and the correct steps to follow.
- The registered manager kept a record of all concerns or complaints to ensure all were addressed and any action taken as a result.

#### End of life care and support

- The staff had recently supported a person at the end of their life. This person had specifically asked for an individual member of staff and their relative to be with them when they passed. The family were allowed 24-hour access to the home to ensure they could spend as much time as they wanted to. The family were provided with food as they were spending long periods of time at the home and when the person passed. The member of staff and relative were by their side as they had requested.
- People had end of life care plans in place for staff to know what people wanted if they entered this stage of their life.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- People and relatives referred to Horsell Lodge as a 'home from home'. This was due to the positive culture and how everyone was made to feel welcome when they moved into the home. One person said, "Staff are very kind and caring. They make me feel welcome and comfortable."
- Staff were clear of their responsibilities and knew how to escalate any concerns if needed. For example, care plans showed how staff had escalated change to health needs and what action had been taken as a result.
- Staff received regular supervisions and appraisals. These addressed any concerns and also gave staff members the chance to discuss future opportunities to progress their careers.
- The registered manager carried out their responsibilities well. People and relatives spoke positively about their visibility in the home. One person said, "The [registered] manager is nice. He will come and speak to me when I see him and ask how I am and what I am doing. Seems to be very interested in the people living here". Another person said, "The [registered] manager is good. Come around to see us and talk to us. Always seems happy and polite."
- There were regular audits completed that covered all areas of the home. This ensured that the standard of care continued at a good level. The registered manager explained how these would also support the dependency model as the home increased residents, they said, "By all the various audits that are in place, alongside the dependency model, we would be able to ensure more staff were employed as more people move in, so our staffing team will grow as the home's resident numbers grow. We will be able to make sure there is no impact on the level of care we are providing."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The registered manager had a duty of candour policy to follow in the event they had to share any information. For example, learning from any incidents and accidents. One relative said, "They are very attentive in the medicines. There was a slight confusion and they rang us and told us. The good processes in place meant that the confusion was spotted straightaway and no mistakes were made."
- There were communication logs seen with various health professionals. This documented how frequently staff followed up appointments and various results of appointments. This showed the staff had a good working relationship with lots of different health professionals and as a result people were receiving timely care.

- The registered manager had been staying in recent contact with the Local Authority and the Quality Assurance team throughout the pandemic. They regularly updated various teams within the local authority of any updates relating to the home. One social care professional said, "I have absolutely no concerns, [registered manager] seems to really know his stuff, and if there was ever an issue I don't doubt they would be straight on the phone informing us of it and asking for advice. It's a very transparent approach with [registered manager.]"

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and relatives told us that they felt involved with the running of the home. One person said, "We have a monthly meeting with the boss. I feel this is important and they have a member of staff attend the meeting too. We get to talk about everything we need."
- A relative told us how the home involved them as much as possible. They said, "Ever since day one I have been incredibly involved. Even when I couldn't come in as regularly because of the pandemic I was getting daily, sometimes twice daily updates. The communication is brilliant and that is such an important part for me."
- There were regular staff meetings where action points were set to support improvements at the home. Originally, there had been plans for separate staff role meetings. However, the registered manager told us that it was much more beneficial to have one combined meeting so all staff can feel involved in all areas of the home.
- The registered manager was keen to continuously learn and improve the care provided to people. They took part in various on-line forums and registered manager groups and were signed up to various newsletter notifications sharing guidance and advice. They said, "It's so important to share ideas and what's working and what's not working. We can learn from each other, and also some ideas may work at some homes and not others. It's good to share that learning."