healthwatch Kingston upon Thames

Enter & View Report

Acorn Lodge

October 2025

Contents

1 Introduction

1.1 Details of visit

Service Provider	Acorn Lodge
Service Address	361 Ewell Road, Surbiton, Surrey, KT6 7BZ
Registered Manager	Alfred Tagoe
Date/Time of Enter and View Visits	11 June 2025, 3pm – 6.30pm
Status of Enter and View Visit	Announced
HWK Authorised Representatives	Jill Prawer (HWK staff team) Helena Wright (HWK staff team) Julie Pilot (HWK volunteer)
HWK Visit Lead	Jill Prawer, Projects Officer, Enter & View
HWK Visit Support Lead	Helena Wright (HWK staff team)
HWK Contact Details	Address - Suite 3, 2nd Floor, Siddeley House, 50, Canbury Park Road, Kingston upon Thames KT2 6LX Phone - 0203 326 1255 Email – info@healthwatchkingston.org.uk
Service Owner	Care Lodges Group Ltd

1.2 Acknowledgements

This visit was undertaken by Authorised Representatives at Healthwatch Kingston. We would like to thank Acorn Lodge residents and staff members for their contribution toward the enter and view programme.

1.3 Disclaimer

Please note that this report relates to findings on the specific date and time set out above. The Enter and View report is not a representative portrayal of the experiences of all service users and staff. It is only an account of what was

observed and contributed through interviews during the time of Healthwatch Kingston representatives' visit.

2 Executive Summary

Healthwatch Kingston (HWK) champions better standards of care in socially funded health and social care services. As part of our remit, we recruit authorised representatives (ARs), volunteers from the local community who are trained to undertake Enter and View visits. Their aim is to identifying good practice and areas that could be improved in socially funded health and social care services.

This report presents the findings of the HWK ARs' visit to Acorn Lodge. Acorn Lodge is situated in the Royal Borough of Kingston upon Thames (RBK) and is one of three homes in London run by the Care Lodges Group Ltd that support people with learning disabilities and/or mental health issues.

Acorn Lodge had been in the premises since 1992 and became part of the Care Lodges Group in 2023, when the three independent care homes in the group were brought together, by the family-run business.

HWK has not previously visited Acorn Lodge. The last Care Quality Commission (CQC) inspection was undertaken in March 2025 which rated the home 'Good' overall. (CQC report).

The Enter and View visit to Acorn Lodge was conducted as part of HWK's series of announced Enter and View visits to local care and nursing homes which took place between April 2024 – April 2025. Funding was continued by RBK for a further year to March 2026, with visits to include supported living provisions.

These visits are focused on three specific areas: living environment; residents' mealtime experiences; and activities provided. More information about Enter and View and the HWK Enter and View programme can be found here.

Overall, HWK ARs concluded that Acorn Lodge seemed to be a well-run home with caring staff. We identified a high knowledge of the residents' needs from the

staff and observed evidence of good relations between the staff and residents with appropriate support offered if needed, with an emphasis on autonomy. Staff we spoke to told us they were happy with their environment and felt there was a strong teamwork ethic and good support from the team and managers. We observed the residents at ease in their environment and with the staff.

Our visit was from 3pm – 6.30pm and we were able to observe the evening meal.

3 Demographics

At the time of our visit the home had ten residents, two of whom were funded by RBK. The house was for men over 18. Nine of the residents were Christian, with one whose religion was unknown. Nine of the residents were heterosexual, with one resident's sexual orientation being unknown. Eight were between the ages of 18 and 64, and two between 65 and 79.

Ethnicity	
Mixed / multiple ethnic groups: Asian and White	1
Mixed / multiple ethnic groups: Black African and White	1
White: British / English / Northern Irish / Scottish / Welsh	8

Gender	
Male	10

Sexual orientation	
Heterosexual	9
Unknown	1

Religion	
Christian	9
Unknown	1

Age	
24-64	8
65-79	2

All the residents and staff spoke English, and no resident had specific dietary requirements. The residents at Acorn Lodge were living with mental health issues and two had learning disabilities. The home has seven staff and at the time of

our visit there were four staff including the manager, and a bank worker. The home does not use agency workers.

4 Living Environment

Acorn House is an adapted residential house with three floors for ten residents, three of whom had been there since before 2005. The latest arrival had been four years ago. The home had ten bedrooms, none of them en-suite. The top floor had one room for a resident, and a rest room for a sleeping staff member. The first floor had five bedrooms, and the ground floor had four. The ground floor had a walk-in shower room with toilet, while the first floor had a separate toilet, and two walk-in showers and toilet on the first floor.

The manager's office was situated on the ground floor alongside a sitting room with sofas and a television, a dining room with another sofa and television, a separate kitchen and a small throughway with access to the garden. The manager told us that the sitting room doubled up as a place for the staff to sleep, as the upstairs room was thought to be too far from the residents.

Acorn Lodge had seven staff members: the manager, one deputy manager and five support workers. The staff were all expected to be omnicompetent.

Three or four staff members worked each shift, depending on the needs of the residents during a particular day – a doctor's appointment might need two staff members to accompany the resident. There were always two staff members physically present in the house.

The shifts patterns were divided as follows. Three staff worked until 6pm, two staff until 8pm and 1 staff member until 10pm. Shift times could start either at 7am or 8am and could last until 8pm or 10pm. The sleeping staff member often worked from 10pm-10am. One staff member we met was bank staff who was also a student studying clinical psychology, while another had worked at Acorn Lodge for seven months.

The manager told us that the residents had a lot of autonomy and the staff role was to provide them with a safe place to live and support them with appointments e.g. to the GP and dentist, in some cases their medication, their appearance and their banking.

4.1 What worked well

- Overall, the house was clean and tidy.
- The atmosphere in the house was peaceful and ordered. All residents seemed to be comfortable with each other and with the staff.
- The four staff members we met were engaged with the residents and treated them with respect and understanding. Staff were attentive to residents' responses during the visit and provided reassurance if needed.
- Staff members demonstrated good knowledge of all the individual residents, their likes and dislikes, and their level of ability.
- There was a medicine cabinet in the dining room which was locked with no evidence of its use visible.
- One resident was keen to show us his room. It was clean and spacious with a wardrobe, a chest of drawers, a single bed, and a bedside table. The resident had their own photos around the room, and their own decorations on the wall.
- There was a big garden with mature trees around the perimeter and a patio. A smoking area to the left of the patio was well-away from the house.
- There was an exercise bike on the patio.
- Signage around the house was clear, and fire extinguishers were visible.
- The toilets and walk-in shower rooms looked recently fitted and were very clean and tidy.

- Both residents and staff told us that monthly residents' meetings were held at which anything could be discussed, from menu options to health and safety, and safeguarding issues.
- The manager was extremely knowledgeable about each resident, their family circumstances, and the activities that they enjoyed. During our visit they went out for a short walk to the local park to support a resident who was feeling agitated. The manager also told us that he drove a resident to their family home using this resident's mobility car.

4.2 What could be improved

- Access from the fire door on the first floor led to a flat rooftop which was also accessible from the garden via easily accessible stairs. There was no barrier from the first-floor roof and the edge, meaning that it would be easy to fall or jump from there. The wooden fences that had previously been a barrier were rotted and one plank was upturned with nails sticking up. We turned this over when we saw it. We alerted the manager to the danger this posed during our visit. We were told that the home had been notified that the fire door to the rooftop was not necessary (but hadn't been blocked). We suggested that the entrance to the stairway in the garden should be blocked to avoid access.
- Areas of the garden were very untidy and included rubbish. Staff told us that head office would collect when a skip was needed for one of the premises, they would then collect rubbish from all sites.
- The garden shed was rotted at its base.
- The smoking area had a pile of cigarette butts in the corner of the area which looked to have been swept up into a pile.
- There were two sofas in the garden which were not suitable for outside use.
- The light switch surround and the door frame outside the kitchen were both very grimy from use. The same was true for the locked fridge in the area between the garden and the dining room.

4.3 What we saw and heard

During our visit we took photographs and spoke to the four members of staff and seven of the ten residents, having detailed conversation with several of them.

Images above show (top row, from left to right): The accessiable rooftop without a barrier, and fallen rotted fences / The stairs from the garden giving access to the rooftop / The pathway from the outside stairs to the unprotected rooftop (The access from the firedoor is on the left where the remaining fencing ends) / The second row: debris in the garden waiting to be collected / The rotted shed / The smoking area with smoking detritus in the corner / Unsuitable furniture in the garden / The light switch and locked fridge that needed cleaning / One of the recently reburbished bathrooms with walk-in shower and toilet.

One resident told us they had a shower three or four times a week and needed help washing their hair.

"It's like family here." (Staff member)

"Manager is brilliant, always present." (Staff member)

"If anything is needed the company will always provide." (Staff member)

"Management are brilliant, with any issues that you have." (Staff member)

"There's always three staff on duty, sometimes more, one in the kitchen, in the communal area and one floating with an emphasis on helping in the kitchen." (Staff member)

"I'm in the best place. The manager and the training are both very good." (Staff member)

"I've had a lot of support with dispensing medication. Not until I'm confident will I do it by myself. At the moment I am being shadowed when I give it." (Staff member)

"Bedrooms are checked by the keyworker daily (the staff member). The bed is changed when it is needed, sometimes twice a day." (Staff member)

"We have frequent training with head office. The company is always willing to provide a budget for what we (as the staff, or the home) need." (Staff member)

"We work together as a team. I really enjoy working here." (Staff member)

"I like to work here, it's comfortable (supportive) and nice." (Staff member)

4.4 Living environment recommendations

HWK living environment recommendations	Acorn Lodge response
1. Block access to the roof area from the fire door on the first floor and the stairs in the garden, ensuring that fire safety guidance and procedures are closely adhered to.	This has now been blocked off so that access to this area is stopped. Consultation with fire professionals to remove this external fire door underway. Completed 21/11/25.

2. Provide a container in the garden to store the rubbish waiting to be taken away so that it is not visible to the eye.	Rubbish should not be stored in the garden. Skips are usually available at one site within the group; these are to be better utilised. Completed 21/11/2025.
3. Encourage smokers to dispose of their extinguished cigarettes after smoking in an appropriate container.	To discuss appropriate disposal of cigarettes butts during service users' meeting. Ongoing.
4. Repair or replace the garden shed that is rotting.	Repairing the shed has been on the maintenance list for some time however resources have been prioritised to projects that have more of an impact on service users' wellbeing (for example fitting the new kitchen and refurbishing the bathrooms). Shed to be repaired 30/04/2026.
5. Ensure seating in the garden is suitable for garden use.	Suitable furniture has been sought in the past but the service users have rejected this in favour of unsuitable indoor sofas. Outdoor furniture will now be enforced. A bench will be sourced for the smoking area and all unsuitable seating will be disposed of by 28/01/2026.
6. Regularly clean light switches and door handles (e.g. the fridge door) to support a safe and healthy living environment.	There is already a cleaning schedule in place which addresses cleaning of these areas but having 10 service users in the home means these area may become dirty not long after it being cleaned. To change frequency of cleaning these areas in our cleaning schedule from 02/01/2026.

5 Mealtime experience

Our visit was timed to coincide with the evening meal as residents did not necessarily eat their lunch in the house. We were told that most residents were free to go out of their own volition while other needed to be accompanied. Staff told us that residents made their own breakfasts and tend to have sandwiches for lunch (unless eating out). Staff told us that residents could take a packed lunch with them and could be assisted in preparing it.

5.1 What worked well

- When the meal was served seven of the ten residents sat in the dining room on two tables and ate together. One was out in the community and the other two said they were not ready to have their meals yet.
- Everyone finished their meal of pie, baked beans, and oven chips. Desert was fruits and yoghurts.
- One of the staff members encouraged the residents to wash their hands before and after the meal.
- One resident was encouraged to eat at the table rather than on the sofa in front of the television and did so.
- The residents loaded the used plates into the dishwasher, with support from staff, after they had finished eating.
- There was a fruit bowl available, and we observed residents eating the fruit throughout our visit.
- The kitchen had recently been refurbished and was very clean and tidy. There were lots of different cooking appliances in the kitchen, including an air fryer, sandwich maker, and slow cooker.
- Staff told us that other options for the meal could be available if requested.

- Residents told us they liked the food at Acorn Lodge and that they all agreed the menus in their regular meetings.
- Staff prepared meals, with help from residents if they wanted to.
- Although the meal we observed was frozen pie, chips, and beans, we saw evidence of mincemeat and fresh vegetables in the fridge and were assured that meals were also made from scratch.
- Bottled water was available from the fridge for residents.
- A resident watching cartoons on their iPad at the beginning of the meal was asked to turn it off and was supported to do this by a staff member.
- There was a four weekly menu plan on the wall by the fridge. It detailed breakfast, lunch, dinner, and an alternative evening meal option.
- Residents were encouraged to keep their own rooms clean and tidy and to make their own beds. Once a month they had a deep clean of their room with support from the staff.

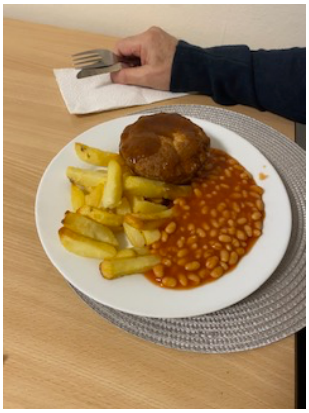
5.2 What could be improved

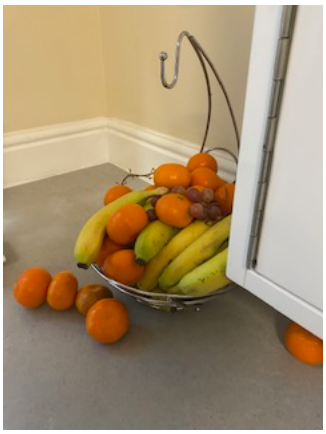
- One resident commented to us that he didn't think that his meal was very healthy for his heart.
- We saw stains at the back of one kitchen cupboard although the base and sides looked clean.

5.3 What we saw and heard

During our visit we took photos and spoke to members of staff and residents.

Images show (from left to right): The air fryer, sandwich maker and slow cooker, the evening meal, the back of cupboard with the stain, and the full fruit bowl which reduced considerably during our visit.





"I like egg and chips, but the food is good." (Resident)

"Residents make their own lunch." (Staff member)

"Satsumas and bananas are the favourite fruit." (Staff member)

"Menus have substitutes if residents' don't like something. (Staff member)

"I like cooking spaghetti bolognaise, shepherd's pie, burgers, rice and chicken…" (Staff member)

5.4 Mealtime experience recommendations

HWK mealtime experience recommendations	Acorn Lodge response
1. Check that the stain at the back of the kitchen cupboard is not indicative of a wider problem e.g. damp.	There are regular maintenance checks, and the home has a system of reporting and requesting any maintenance concerns or issues. To continue with the monthly maintenance audit and report and potential damp concerns to the maintenance team. Monthly. Ongoing.
2. Review the menu choices to ensure that meals provided are nutritionally balanced and healthy for each resident.	Menus are discussed regularly during service users meeting and the service users always have an input in what food we provide in the home. We also look at making sure that their meals are balanced. And compliments all individual health and lifestyle needs. All the staff are trained in Nutrition and Diet. We will continue to refresh our staff on Nutrition and Diet to be aware of individual service

6 Meaningful activities

The manager told us that many of the residents have autonomy to go out as they please during the day and that residents were able to say what they wanted to do and were supported (if needed) by staff to make necessary arrangements.

Residents worked locally or went to day centres, others enjoyed regular trips to places like garden centres or cinema. Some went out for walks and to the library with staff. Many also enjoyed playing board games with staff. We were told that some of the residents have visitors from their families on a regular basis.

6.1 What worked well

- We observed support workers with staff members at the table in the dining room playing an assortment of games with the residents, specifically a game of Connect 4, a game of chess, and a game of Jenga.
- Some residents shared that they liked to watch quiz shows, while others enjoyed gardening or going to church.
- Residents were encouraged to take part in household chores so they could be involved in the running of the home. The chores were optional and included things like peeling potatoes, taking out the bins, cleaning, and hoovering.
- There was a car racing track on the table throughout our visit, however, we did not see anyone play with it.
- There was an activity rota for holidays, and group activities like bowling, throughout the year.
- We were told that birthdays and other events were celebrated in the house, and that decorations and cakes were made for each relevant occasion.
- One resident told us they really enjoyed Christmas at Acorn Lodge.

- Our visit was in the week before Halloween and there was a carved pumpkin in the corner of the sitting room.
- There was a barbeque in the garden, that staff said was used in the summer.
- Staff told that one of the residents was growing chillis in the garden which we noted were thriving.
- Each resident had a laundry day in which they were supported to do their own laundry. This mostly consisted of helping to sort the washing and switch the machine on. When the washing was finished, staff helped residents to empty the machine and hang or dry the wet laundry.
- Staff told us that residents generally went to their rooms at about 8pm in the evening, however, could stay up if they wanted to.

5.5 What could be improved

- The manager told us that before Covid there had been an annual Christmas party for all three homes now within the Care Lodges group. The residents and staff had enjoyed this, but it had not been reinstated.

6.3 What we saw and heard

During our visit we took photos and spoke to members of staff and residents.

Images show (from left to right): The sofa in the dining room with the television / The car racing set on the table later used for the meal / The carved pumpkin in the sitting room / The chillis grown by a resident / The washing line for residents to hang out their washing.

"I'm the activities' coordinator. We bake a cake for birthdays, make decorations, play music and dance, We do New Year, Chinese New Year, and Halloween. We decorate the house and have a festive meal." (Staff member)"

"We do a yearly survey with the clients which goes to the company. Any changes we want we approach the manager. Residents have their monthly meetings." (Staff member)

6.4 Meaningful activities recommendations

HWK activities recommendations	Acorn Lodge response
1. Consider reinstating the joint annual Christmas party for all three premises of the Care Lodges Group to benefit residents, families, and staff.	We will consider having a joint Christmas Party for all the 3 premises in the future and will include this topic in future Quality Assurance Service Users Questionnaire. April 2026.

7. Next steps

This report has been shared with Acorn Lodge who have had the opportunity to check it for factual accuracy and respond to our recommendations. It has subsequently been shared with, KBC, CQC, the KCGB and other stakeholders. We have also shared this report with Healthwatch England and have published it on the HWK website. We have agreed with the management of Acorn Lodge the next steps to be taken in response to outstanding recommendations.

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