

Solar Care Homes Limited

# Acorn Park Lodge

## Inspection report

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Date of inspection visit:  
21 December 2015

Date of publication:  
11 February 2016

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We carried out this unannounced inspection on 21 December 2015. The service was last inspected in September 2013; we had no concerns at that time.

Acorn Park Lodge is a small care home that can accommodate up to nine people with learning and/or physical disabilities. At the time of our inspection there were nine people living in the service.

There was a registered manager in post who was responsible for the day-to-day running of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The atmosphere at Acorn Park Lodge was relaxed and welcoming. Relatives told us there was a good ambience in the service whenever they visited. One relative said, "There is always a relaxed family atmosphere". Throughout the day we met with people as they moved around the premises between going out and completing daily chores.

Most people living in the service had limited verbal communication and were not able to tell us their views about the care and support they received. However, we observed people were relaxed and comfortable with staff, and they received care and support in a way that kept them safe. People had an excellent relationship with staff and were comfortable with the staff that supported them. People's behaviour and body language showed that they felt really cared for and that they mattered. Some people were able to indicate to us that they felt safe in the service by showing us their rooms and areas of the home they liked to spend time in.

Relatives told us they were happy with the care and support their family member received and believed it was a safe environment. One relative said, "We can breathe a sigh of relief knowing [persons' name] is safe and well looked after."

People were encouraged and felt confident to make decisions about their daily living. Staff enabled people to be as independent as possible, and it was clear that because of this encouragement, people were open to new challenges and personal development. One relative said, "Living at Acorn Park has turned [person's name] life around. He has grown up and is now so much more independent."

Staff supported people to access the local community and take part in a range of activities of their choice. Multiple vehicles were available for staff to use and people were able to go out either individually, or in groups, as and when they chose to.

Support was provided by a consistent staff team who knew people well and understood their needs. Staff were matched to work with particular individuals, both for their skills and how their personalities fitted

together. There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

People had access to an annual health screening to maintain their health. Specialist services such as occupational therapists, epilepsy nurses and dieticians were used when required. Relatives told us they were confident that the service could meet people's health needs. People were supported to eat and drink enough and maintain a balanced diet. Menu planning was done in a way which combined healthy eating with the choices people made about their food. The kitchen had been designed with some lower work surfaces so people with wheelchairs could help with meal preparation and cooking.

Care records were up to date, had been regularly reviewed, and accurately reflected people's care and support needs. Details of how people wished to be supported were personalised to the individual and provided clear information to enable staff to provide appropriate and effective support. Any risks in relation to people's care and support were identified and appropriately managed.

People were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals when appropriate. Staff demonstrated a good understanding of the main principles of the Mental Capacity Act (MCA).

People and their families were given information about how to complain. People had a specially adapted version of the complaints form, which had been designed by people living in the service, and covered areas they felt they might want to raise a concern about. Roles and responsibilities of staff were well-defined and understood by the staff team. There was a positive culture in the service, the management team provided strong leadership and led by example. Staff said about working for the service, "The manager and deputy are always around in the service. I can walk up to them at any time and ask anything. Nothing is too much trouble", "This is a really lovely place to work" and "The staff and the residents are all like one big family."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. Senior management were visible in the service and regularly visited to check if people were happy and safe living at Acorn Park Lodge.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

Care plans recorded risks that had been identified in relation to people's care and support and these were appropriately managed.

### Is the service effective?

Good ●

The service was effective. Staff were appropriately trained and there were robust procedures in place for the induction of new staff.

The registered manager and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

### Is the service caring?

Outstanding ☆

The service was caring. Acorn Park Lodge had a strong, visibly person centred culture. People were at the centre of every aspect of the service.

The stable staff team had developed caring and supportive relationships with people using the service.

People's privacy was respected. Staff encouraged people to be as independent as possible and their achievements were recognised

### Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were actively encouraged and supported to engage with

the local community by taking part in a range of activities of their choice.

**Is the service well-led?**

**Good** ●

The service was well-led. The management provided staff with appropriate leadership and support and staff were well motivated.

The service worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

People and their families told us the management were very approachable and they were included in decisions about the running of the service.

# Acorn Park Lodge

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 21 December. The inspection was conducted by two inspectors.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed other information we held about the home such as notifications of incidents. A notification is information about important events which the service is required to send us by law.

Due to people's health care needs most people were not able to verbally express their views of living in the service. Instead we observed staff interactions with people. We met six people, the registered manager, deputy manager and seven care staff.

We looked at three records relating to people's individual care. We also looked at four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service. After the inspection visit we spoke with three relatives.

# Is the service safe?

## Our findings

Due to people's complex health needs most were unable to tell us verbally about their views of the care and support they received. However, we observed people were relaxed and comfortable with staff and they received care and support in a way that kept them safe. Some people were able to indicate to us that they felt safe in the service by showing us their rooms and areas of the home they liked to spend time in.

Relatives told us they were happy with the care and support their family member received and believed it was a safe environment. One relative said, "We can breathe a sigh of relief knowing [persons' name] is safe and well looked after."

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff told us if they had any concerns they would report them to the registered manager or deputy manager and were confident they would be followed up appropriately. Notice boards in the service displayed details of the local authority safeguarding teams and the action to take when abuse was suspected. This information was freely available to staff and visitors to the service. One member of staff said, "If I had any concerns about the way people were treated I would feel comfortable raising it with managers."

There were effective systems in place to help people manage their finances. With people's, or their advocates, agreement the service held small amounts of money for them to purchase personal items and pay for meals out. Management carried out regular audits of the money held and records kept by staff.

Care records included detailed and informative risk assessments. These documents provided staff with clear guidance and direction on how people should be supported in relation to each specific identified risk. For example, the risks in relation to one person, who experienced regular seizures, going out into the community. Risk assessments detailed how 'rescue medication' should be carried by staff and there were instructions for staff about how to respond should a seizure occur.

Incidents and accidents were recorded in the service. We looked at records of these and found that appropriate action had been taken and where necessary changes made to learn from the events. Events were audited by the registered manager to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks.

There were enough skilled and experienced staff to help ensure the safety of people who lived at Acorn Park Lodge. On the day of the inspection there were eight care workers and the deputy manager on duty for nine people. Five staff were allocated to support five people on a one-to-one basis, leaving three staff to support the other four people. However, if people wanted to go out individually the deputy manager, or additional staffing would be booked to work, to enable each person to have one-to-one support. For example on the day of our inspection there were nine care staff working in the afternoon.

Recruitment processes were robust; all appropriate pre-employment checks were completed before new

employees began work. For example Disclosure and Barring checks were completed and references were followed up. This meant people were protected from the risk of being supported by staff who did not have the appropriate skills or knowledge.

Medicines were managed safely at Acorn Park Lodge. People's medicines were stored appropriately in locked cabinets in their rooms. Medicines Administration Record (MAR) charts were fully completed and appropriate medication audits had been conducted. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. A recent external medicine audit had been completed by the local pharmacist and found the service's medicines were managed safely. Sometimes people needed to take their medicines with them when they went out for the day or away on holiday. Appropriate protocols were in place for staff to transport medicines.

The environment was clean and well maintained. The service employed a maintenance person who carried out regular repairs and maintenance work to the premises in a timely way. There were records that showed manual handling equipment had been serviced and there was a system of health and safety risk assessment. Smoke detectors and fire extinguishers were fitted in the premises. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked and there was a record of regular fire drills.



## Is the service effective?

### Our findings

Staff were knowledgeable about the people living in the service and had the skills to meet people's needs. Relatives told us they were confident that staff knew people well and understood how to meet their needs. One relative said, "Staff understand [person's name] needs" and "All staff have been trained in managing [person's name] epilepsy."

People received care and support from a consistent staff team who knew them well and understood their needs. Most people living in the service had complex health needs and staff often needed to be trained to understand those needs or to carry out specific procedures. Staff only supported people once they had completed any relevant training and were assessed as being competent to meet those needs.

Staff completed an induction when they commenced employment which was in line with the new Care Certificate. New employees were required to go through an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. There was also a period of working alongside the more experienced staff until such a time as the worker felt confident to work alone. Each person had their own 'team' of workers and staff were recruited and inducted to work with specific people.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. All care staff had, either attained or were working towards, a Diploma in Health and Social Care. There was a programme to make sure staff received relevant training and refresher training was kept up to date.

Staff told us they felt supported by managers and they received regular one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff also said that there were regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

People were supported to maintain good health, have access to healthcare services and received on-going healthcare support. People had access to an annual health screening to maintain their health. Specialist services such as occupational therapists, epilepsy nurses and dieticians were used when required. Relatives told us the service always kept them informed of any changes to people's health and when healthcare appointments had been made. One relative said, "Staff always let me know when [person's name] is unwell or has an appointment, because staff know I usually like to attend appointments."

Staff supported people to eat and drink enough and maintain a balanced diet. Menu planning was done in a way which combined healthy eating with the choices people made about their food. People were involved, as much as their needs enabled them, in meal preparation. On the day of the visit some people were helping to prepare the food and set the table and others were in the kitchen watching and choosing what they wanted to eat. There was an atmosphere of excitement and anticipation about the meal and everyone was involved in some way, all working together as one unit.

Care records showed that people, or their advocates, had given their consent to their current support arrangements. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People were involved in making choices about how they wanted to live their life and spend their time.

The registered manager and deputy manager were clear on the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). 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. The application procedures for this in care homes and hospitals are 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 were being met. At the time of our inspection the service did not have anyone who required a DoLS authorisation. However, the service had taken advice from the local authority for one person and been advised that a DoLS was not necessary. Staff had received training in the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS).

Care records showed the service recorded whether people had the capacity to make specific decisions about their care. For example care records stated, "explain and check that [person's name] understands what had been explained to her so she can make her own decisions." Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Where decisions had been made on a person's behalf, the decision had been made in their best interest at a meeting involving key professionals and family where possible.

The design, layout and decoration of the building met people's individual needs. Corridors and doors were wide enough to allow for wheelchair access and there was a lift to gain access to the first floor, where some bedrooms were located. The kitchen had been designed with some lower work surfaces so people with wheelchairs could assist with meal preparation and cooking.

## Is the service caring?

### Our findings

On the day of our inspection there was a relaxed and friendly atmosphere in the service. Relatives told us there was a good ambience in the service whenever they visited. One relative said, "There is always a relaxed family atmosphere."

Most people were unable to verbally tell us about their experiences of living in the service and how staff treated them. However, we spent time observing staff interaction with people and met with people throughout the day as they moved around the premises between going out and completing daily chores. We observed people had an excellent relationship with staff and were comfortable with the staff that supported them. People's behaviour and body language showed that they felt really cared for and that they mattered. Relatives said, "I am pleased with all the staff and the way they look after [person's name]" and "[Person's name] has a better life now because of the way staff work with him."

Although people living in the service had limited verbal communication staff understood their individual ways of communicating and had clearly developed a good knowledge of each person's needs. Care plans described how people communicated and what different gestures or facial expressions meant. This information had been developed over time with key staff and in conjunction with people's families. Care plans guided staff about how to enable people to make choices. For example the care plan for one person stated, "Choices need to be given to [person's name] and then swapped as she may just choose the last option given. This will make sure that she makes the choice she wants."

Support was provided by a consistent staff team who knew people well and understood their needs. Staff were matched to work with particular individuals, both for their skills and how their personalities fitted together. When new staff started to work for the service they were gradually introduced to people to find out how an individual and the member of staff interacted. Staff told us people chose who they wanted to support them as it was important that people were happy with the staff who cared for them.

Staff were seen to be highly motivated to provide the best and most suitable support to people they worked with. Staff were not rushed, were focused and spent time on an individual basis with people. Staff demonstrated an in-depth appreciation of people's individual needs around privacy and dignity. Although, the atmosphere in the service was of high energy and chatter, staff appreciated that sometimes people would want to be on their own. We observed that throughout the day people would decide to go to their room for some quiet time and staff respected their decision to do this. Staff said, "This is a really lovely place to work" and "The staff and the residents are all like one big family."

Staff recognised and celebrated people's achievements. Throughout the inspection staff praised people for the things they were doing for themselves. For example, some people were supported to complete household tasks such as cleaning and tidying their rooms and meal preparation. This meant they were able to maintain independence in their daily life. There were pictures on the walls around the service showing what people had achieved while on holidays and at day centres. Relatives told us the service regularly rang them to let them know when people had achieved a goal they had set or had completed a particular task.

Staff enabled people to be as independent as possible, and it was clear that because of this encouragement, people were open to new challenges and personal development. One person had been asked to design a complaints form for people to use. The form covered areas that they felt people might want to raise a concern about and was in a format that would be possible for people to use and understand.

The service had provided one person with a watch to remind them when to use the toilet to help them manage their own continence. However, as their awareness and confidence had grown they decided some days not to wear the watch. Their care plan stated, "[Person's name] will choose whether or not he wishes to wear his watch." Their relative told us, "staff have given him the confidence to manage his own continence and he no longer wears pads, which he had been wearing in the previous home." Other relatives said, "Living at Acorn Park has turned [person's name] life around. He has grown up and is now so much more independent" and "Staff understand [persons' name] and he makes his own decisions about how he wants to spend his time."

The service encouraged and supported people to access the local community safely to enhance their emotional well-being. However, it was recognised that people sometimes displayed behaviour that was challenging for members of the public to understand. Staff realised that this often frightened people in the community and could potentially make people who used the service even more vulnerable as a result of other people's responses. The registered manager had produced a card for staff to give to the members of the public if an incident occurred. This card contained general information that explained staff were trained in how to respond to the person's needs to keep them and others safe. For example the card stated, "We are able to distract the person with a positive outcome." The card also had a contact number so people could ring the registered manager/provider if they had any concerns. These cards had been given out to people in the community on a few occasions and the registered manager had received two telephone calls as a result. Both people who phoned thanked the service for explaining what staff were doing and complimented staff on how well they had managed the situation.

One person could often become anxious and upset when in small shops particularly if they were crowded. The person liked to go into shops that sold certain items and this was really important for their emotional well-being. Their favourite shop was very small and this had caused them to become distressed when they visited it. Staff had researched the local area to find the same type of shop that had bigger premises. The new shop had now become their 'favourite' shop to visit and because of the bigger size they were still able to get pleasure from the experience without becoming distressed by it.

People and their families had the opportunity to be involved in decisions about their care and the running of the service. People and their families were invited to monthly 'team meetings' and people took part in interviews for new staff. One relative said "They listen to me and take on board any suggestions I have about [person's name] care." This had resulted in the service working together as a whole team with staff and people equally contributing to the culture of the service.

The service also supported people's relatives by involving them in people's care and understanding the emotional adjustment for relatives when people moved into a care home. Relatives told us, "The service supported me to come to terms with [person's name] moving into a care home. They understood how difficult it was for me and have been happy for me to continue to be involved in [person's name] care", "They have been hugely supportive" and, "I am involved in every aspect of [person's name] care."

People were supported to maintain contact with friends and family. Relatives told us they were always made welcome and were able to visit at any time. People were able to see their visitors in one of the communal lounges, the kitchen /dining room or in their own room. Most people had regular contact with

the relatives by telephone. One relative told us, "I ring and speak with [person's name] every day."

# Is the service responsive?

## Our findings

People who wished to move into the service had their needs assessed to help ensure the service was able to meet their needs and expectations. This assessment was carried out over a period of several weeks and involved gradually introducing a new person to the environment and staff. The relative of one person confirmed the service worked with them over a period of time to help ensure staff understood and could meet the persons' needs before they permanently moved into the service.

Care records were up to date and had been regularly reviewed with the key worker, the person and their families. Key workers are members of staff with responsibility for the care planning for a named individual. One relative told us, "I am invited to care plan reviews and I read through the care plan to agree to it."

People's care plans outlined their background, preferences, communication and support needs. Records were personalised to the individual and provided clear information to enable staff to provide appropriate and effective support. Individual sections of the care plan described how staff should support people in different situations. This included the person's routines at certain times of the day such as getting up and going to bed and meal routines. People had expressed their views on their care and support by describing what would make a good day for them and what would make a bad day. This helped staff to understand what was important to each person and enabled staff to support the person to have experiences that promoted their well-being.

Staff were provided with information on how to support people who could sometimes display behaviour that was challenging for staff to manage. Care plans gave clear guidance and instructions for staff about how to respond to any changes in individual's behaviour and the type of situations that might trigger such behaviour.

Daily logs were completed throughout the day for each individual. These recorded any changes in people's needs as well as information regarding appointments, activities and people's emotional well-being. In addition there was a communication book to record more general information which needed to be shared amongst the team. This information was also communicated verbally at daily handover meetings whenever new staff came on duty. Staff told us they felt the systems in place ensured they were up to date with any changes in people's needs.

Staff supported people to access the local community and take part in a range of activities of their choice. Individual activity planners were developed with people and regularly discussed and reviewed. Although the service was flexible and responded to people's wishes, about the activities they may want to do, on a daily basis. Multiple vehicles were available for staff to use and people were able to go out either individually, or in groups, as and when they chose to. During our inspection several people went out for trips to the shops and for a coffee at their request and at a time of their choosing. A relative said, "[person's name] has a better life now because he has so many friends and a great social life."

People regularly socialised between the organisation's three services either individually or through joint

events and outings. When we arrived on the day of our inspection one person was visiting from another service because they wanted to catch up with their friends at Acorn Park Lodge.

Care records showed that people engaged with a variety of activities including shopping trips, craft work, baking and visits to the cinema and local tourist attractions. On the day of our inspection people were making biscuits with staff to take part in a cookie decorating competition. This competition was taking place within this service and with the organisation's other two services. There was a lot of excitement and eagerness for people to participate and staff gave each person the support they needed.

People and their families were given information about how to complain. Information was provided in a format that was easy for people to understand and use. A relative said, "If I have any concerns I raise them with the managers and these are always promptly acted on and resolved."

## Is the service well-led?

### Our findings

Roles and responsibilities of staff were well-defined and understood by the staff team. The registered manager, who had overall responsibility for the service, was also the provider as they were one of the owners of the service. There was a positive culture in the service, the management team provided strong leadership and led by example. The service was well led and all of the staff were highly motivated and keen to ensure the care needs of people they were supporting were met. Relatives told us, "I cannot stress enough what caring, understanding and considerate people run this company" and "I would recommend the service and I would not want my son to live anywhere else."

Staff said they were supported by management and they felt managers were committed to providing the best possible service for people. Staff said, "People who live here have a good life", "The manager and deputy are always around in the service. I can walk up to them at any time and ask anything. Nothing is too much trouble" and "We take people out wherever they want to go. There is no restriction on the mileage of the cars we use or the cost of petrol. Management told us people can go out as far as they wish to, cost is not a factor."

Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered by the service. They did this through informal conversations with managers, regular formal supervision and monthly staff meetings. The minutes of staff meetings showed that staff were encouraged to have open discussions about the service and their views were listened to.

People who used the service and their families were regularly asked for their views of service. The service gave out questionnaires regularly to people, their families and health and social care professionals to ask for their views of the service. The service also asked for feedback about the support provided by staff from clubs, shops and organisations that people used. We looked at the results of the most recent surveys. The answers to all of the questions about the service were rated as good or excellent. Where suggestions for improvements to the service had been made the registered manager had taken these comments on board and made the appropriate changes.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The deputy manager regularly worked alongside staff to monitor the quality of the care provided and completed monthly observations of their working practices. The registered manager carried out regular audits of the whole service by spending time in the service looking at records and speaking with people and observing staff practice. Any concerns about individual staff's practice were addressed through additional supervision and training. Checks of specific skills were completed each month with staff and any training needs identified through these checks were addressed. Specific audits of falls, medicines, health and safety and care plans took place monthly.