

# Solar Care Homes Limited

# Acorn Park Lodge

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

We carried out this unannounced inspection on 20 and 22 March 2018. The service was last inspected in December 2015; we had no concerns at that time.

Acorn Park Lodge is a 'care home' that provides care for a maximum of nine adults with learning and/or physical disabilities. 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 culture of Acorn Park Lodge was exceptionally inclusive. Every aspect of the running of the service was done in collaboration with the people who lived there and where appropriate, their families. Each person's unique personality and needs were understood and captured into a personalised 'This Is Me' document that clearly brought to life people's personalities, needs, aspirations and goals. The registered manager told us, "Our approach is to support resident's goals and aspirations as they develop and experience greater opportunities to grow and develop." The service was proactive in ensuring equality and diversity standards were integral to people's care plans. People were encouraged to fulfil their goals and aspirations to the full and we saw multiple examples, outlined in this report, of how they did this.

The care service was established five years ago and was designed to provide group living for people with learning disabilities and physical disabilities. Work had been done, and was continuing, to develop the service in line with the values that underpin the CQC 'Registering the Right Support', and other current best practice, guidance. This guidance includes the promotion of the values of; choice, independence and inclusion. The service was working with people with learning disabilities and autism that used the service, to support them to live as ordinary a life as any citizen.

At the time of the inspection there were nine people living at the service; seven of whom lived in the main house and two people had their own separate accommodation made up of a separate flat, and an annexe flat attached to the main building. Though the service is technically a little large to be compliant with the maximum number of people (six) stated in the Registering the Right Support Guidance, this is offset by the structure of the service and the individualisation of the support provided for each person. The service was spread out over three floors with access to the upper floors via stairs or by using a shaft lift. The design, layout and decoration of the building met people's individual needs. Corridors and doors were wide enough to allow for wheelchair access. Seven rooms had en-suite facilities and there was one shared bathroom with shower facilities. Shared living areas included two lounges, a dining room/ kitchen, a separate kitchenette, a conservatory lounge, a garden with decking area and also a patio seating area.

Each person who lived at Acorn Park Lodge received highly individualised support. The registered manager told us, "Each resident has their own support team who understands that the resident's safety is our paramount concern". On the day of the inspection there were eight support staff plus a senior manager who led the shift and provided additional support when required. Seven people had one to one individual

support and two people shared staff support. However, if people wanted to go out individually the deputy manager, or additional staff would be booked to work, to enable each person to have individual one-to-one support. The service was central in the town of Redruth which meant that people were able and did take an active role in their local community.

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 vibrant and happy. During the inspection there was a birthday party for one person and a baby shower to celebrate the forthcoming arrival of a staff member's new baby. Everyone was involved in the various celebrations. There was lots of singing on a karaoke machine, people making cakes, and lots of visitors.

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 happy 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 tell us their views and said they felt safe and happy living at Acorn Park Lodge.

Relatives were very positive in their feedback about the service. We were told people were welcome to visit and the service was 'a home from home'. We heard repeatedly about the 'family atmosphere' and we saw and felt this. Comments from relatives included, "It is such a special place, is all I can say. We followed the [previous registered manager] from her last place. Since [current registered manager's name] has taken over it has continued to go from strength to strength. We are very lucky this service is here. It has given my [relative] such a full and happy life"; "Absolutely excellent is all I can say. There isn't a single wrong thing I could tell you" and "The best thing about Acorn Park Lodge is the staff attitude; they are so kind but also really encouraging of people to do what they want to do. They have a real 'life is for living' attitude!"

Staff were passionate about the people they supported and actively advocated on behalf of people to ensure they lived the fullest life they could. Staff displayed empathy and helped people overcome fears and challenges. This had resulted in positive and measurable changes for the individuals who lived at the service. For example, relatives told us how much people had 'blossomed' since moving to Acorn Park Lodge. One person told us with great pride about their continuing work as an ambassador for iCare. This is an organisation active across England which helps promote quality care within the Adult Care sector. We saw examples of a range of activities the person had taken part in as part of their role. This included taking part in training videos for people wishing to make a career in Adult Social Care.

The culture at the service was exceptionally inclusive. The staff, family members and external professionals worked alongside people to support them. This meant that people's best interests were always being discussed and planned for. The provider was willing to adapt and change approaches based on information from the staff, families or others. They constantly reviewed people's care and staff reflected on their own practice. This meant staff anticipated and responded to changes in people's needs and took action to provide the support they needed. This was driven with great drive and pride by the registered manager. On the first day of inspection we saw how touched the registered manager was on receiving a bouquet of flowers from a relative of a person who lived at the service. The relative told us that in her many years of advocating for and supporting her relative she had never experienced such an inclusive and supportive

team; "It's how care should be. My [relative] has a great life here. He has had some ongoing health issues recently and [registered manager] has worked with me, and it has been a battle at times, to get in place quite a complex plan of care to sort this out. It takes a lot for me to value and really trust people looking after [relative] but [registered manager] really deserves it. She has been absolutely fantastic."

The management team demonstrated an open, transparent and reflective leadership style. They provided visible direction and a person centred approach to their staff teams. They exhibited a passion for providing a high quality service, which continually developed in order to meet people's needs in a holistic manner. Staff comments about working for the service included, "[Registered manager's name] is absolutely fantastic. She doesn't take any nonsense and she reminds us regularly that we're here for the people who live here. There is a great team spirit here which I think you can see"; "The manager and deputy are always available. There are no stupid questions here, I can go to see any of the managers here at any time and I feel that what I have to say is valued" and "It is a really lovely place to work. Everyone here is like one big family."

An external healthcare professional who spent time at the service was extremely positive in their feedback commenting, "Overall I would honestly say that if one of my own family members needed this sort of care that I would happily place them into Acorn Park Lodge without hesitation."

People felt safe living at the service. The staff had a proactive approach to supporting people. There was clear information about situations and environments which might trigger people's anxiety or agitation. The staff were aware of these and responded to triggers by supporting people to feel calm, removing the trigger and diverting people's attention. Families of people who lived at the service told us they were confident their relatives were safe. One relative told us, "We are happy that this is a very safe environment for our [relative] to be living in, more importantly he loves living there."

People received their medicines safely. There were sufficient numbers of suitably qualified staff who had been recruited in a safe way. Staff were aware of the organisation's procedures for safeguarding people from abuse and how to prevent avoidable harm.

People were cared for by qualified, competent and well supported staff. Staff were glowing in their praise of Acorn Park Lodge in terms of how it operated, how staff were supported and their pride in excellent outcomes for the people who lived there. Staff told us they had good opportunities to learn, develop and reflect on their work. Roles and responsibilities of staff were well-defined and understood by the staff team.

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.

The provider was working within the principles of the Mental Capacity Act 2005. People were appropriately supported to make choices and consent to their care and treatment. When people did not have capacity to make decisions, these were made in their best interests by people who were important to them. People were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA).

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.

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.

People had access to an annual health screening to maintain their health. People's healthcare needs were met by the staff working alongside external healthcare professionals. Specialist services such as occupational therapists, epilepsy nurses and dieticians were used when required. Healthcare professionals commented, "I have found this to be a very good service. The staff are always very person centred and this is reflected in their support plans. They are also very committed to providing a good quality of life for the residents at Acorn Park Lodge"; "I found staff and management communicated well, were indeed open to new ideas and suggestions, appeared competent and that a caring service was provided for my client" and "I have worked with Acorn Park Lodge for four years. They are one of the best services we work with in Cornwall. Always polite, engaging, very supportive of their staff in undertaking training and development. Excellent with the clients, very person centred. A lovely service."

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.

Staff, people and relatives were formally asked for their views of the service through questionnaires. The survey for 2018 had recently been circulated to relatives. Results from the last survey were very positive and confirmed that people held all aspects of the running of the service in the highest regard.

## 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 remained safe.

### Is the service effective?

Good ●

The service remained effective.

### Is the service caring?

Outstanding ☆

The service was exceedingly caring. We observed many examples of the exceptionally caring and highly efficient staff approaches when supporting people. Staff respected people's wishes and provided care and support in line with those wishes.

People were encouraged to express themselves in whatever way they chose; staff were patient and focused on empowering people to communicate their thoughts and feelings.

People and their families had the opportunity to be involved in decisions about their care and the running of the service.

People who used the service, relatives and healthcare professionals were extremely positive about the service and the way staff treated the people they supported

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

We saw evidence of staff working collaboratively with people and their relatives to inform people's care planning.

We found multiple examples of the highly efficient responsiveness of staff and management to people who lived at Acorn Park Lodge. Care plans were personalised to guide staff to provide highly responsive, person centred and holistic support.

The provider went to great lengths to ensure people were supported to engage in activities and any known interests and hobbies that they enjoyed.

People and their families told us if they had a complaint they would be happy to speak with the management and were confident they would be listened to.

### Is the service well-led?

The service was extremely well-led.

The management team had a comprehensive system in place to monitor and maintain the high levels of quality in the service.

The management provided staff with appropriate leadership and support. There was a positive culture within the staff team with an emphasis on providing a high quality service for people.

Staff were highly motivated to deliver high quality care and reported they enjoyed high levels of support from the service management.

We found the provider had high standards and a great desire to involve people, relatives and staff in service development and improvement of their working experiences.

The provider and management showed passion and drive to continually look for areas to improve the already excellent service that people received.

**Outstanding** 

# 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 20 and 22 March 2018. The inspection was conducted by one inspector.

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 service 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 seven people, the registered manager, care director, deputy manager, and six 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.

Prior to and during the inspection we received feedback from six relatives of people who lived at the service and eight healthcare professionals.



# Is the service safe?

## Our findings

The service continued to be safe. 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 are happy that this is a very safe environment for our [relative] to be living in, more importantly he loves living there."

The staff had a proactive approach to supporting people. Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other people. Care records contained clear information about situations and environments which might trigger people's anxiety or agitation, as well as guidance for staff on how to avoid this occurring and what to do when incidents did occur. For example, the service provided staff with information on effective distraction techniques to calm individuals when they were anxious. Staff were clear about people's rights and ensured any necessary restrictions were the least restrictive.

There were enough skilled and experienced staff to help ensure the safety of people who lived at Acorn Park Lodge. The service had ensured staffing levels met the dependency needs and preferences of people, taking into consideration protected characteristics under the Equality Act. This was done during assessment when people were transitioning into the service and their care needs were assessed by a multi-agency team.

The registered manager ensured staff on duty had a suitable mix of skills, experience and knowledge. For example, any new and inexperienced care staff member always shadowed experienced staff. All staff were provided with suitable training in moving and handling, and first aid, so they could meet people's needs and deal with emergencies.

The registered manager told us, "Each resident has their own support team who understands that the resident's safety is our paramount concern". On the day of the inspection there were eight support staff plus a senior manager who led the shift and provided additional support when required. Seven people had individual support and two people shared staff support. However, if people wanted to go out individually the deputy manager, or additional staff would be booked to work, to enable each person to have individual support.

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. Any concerns raised were fully investigated and reported as appropriate to the local safeguarding unit for external investigation. Staff were also aware of the service whistle-blowing policy. This meant people were safeguarded from the risk of abuse. Staff told us, "I believe people are very safe here. It is a top priority and something that is regularly discussed at our team meetings and in supervision" and "We do everything in our power to make sure that whether it's here at the service or when people are out in the community that people are always safe."

Staff received effective training in safety systems, processes and practices, such as in moving and handling,

fire safety and infection control. We observed staff safely using hoisting equipment; for example when moving people from wheelchairs to more comfortable seating. This was carried out according to best practice. For example talking through with the person what staff were doing, and carrying out the manoeuvre slowly and carefully. Individuals were provided with their own slings for safety and hygiene purposes.

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. External medicine audits had been completed by the local pharmacist which found the service's medicines were managed safely. We spoke with the pharmacist who told us, "They always update us to any medication changes or increase/reduction plans as soon as they are aware and seem to be fully knowledgeable if clarification is needed. They also return all unused medications every month without fail and again all paperwork to accompany this is always completed."

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.

There was an equality and diversity policy in place and staff received training on equality and diversity. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected. Staff were able to tell us how they helped people living at the service to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices. For example, for one person, regular attendance at church with their family was very important to them. This was respected by the service who made sure the person was supported to attend when they wished.

There were effective systems in place to help people manage their finances. With people, 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. We checked monies held for three people and saw there were appropriate records completed and the balance of money held was accurate.

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 one person experienced relating to regular seizures when going 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 the person have a seizure.

Staff carried laminated information cards to give to members of the community in the event of an incident which might alarm the public. This was for the benefit of both the person involved and the public, in order that they could understand the context of the person's behaviour. It also gave staff the space and time to calm the situation and cause as least agitation to the person involved as possible. The information on the cards was not of a confidential nature and did not breach people's privacy and confidentiality.

Each person had their own 'This is Me' plan which clearly outlined risks pertinent to them. The registered manager told us, "All residents have comprehensive assessments of any risks to their personal safety. These are regularly reviewed with involvement from professionals, family, management and the support team to reduce and manage any risks."

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.

Equipment owned or used by the service, such as specialist chairs, beds, adapted wheelchairs, hoists and stand aids, were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. All necessary safety checks and tests had been completed by appropriately skilled contractors. There was a system of health and safety risk assessment for the building. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. Records showed there were regular fire drills.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references. The service carried out regular DBS checks of long standing staff to ensure they remained safe to work with vulnerable people. Staff were also required to complete an annual self-disclosure regarding their current DBS status. This meant people were supported by staff who had undergone appropriate safe recruitment checks.

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

The service continued to provide people with effective care and support because their needs were fully assessed, understood and met in line with relevant guidance. Professionals were complimentary about the care that people received from staff. Comments included, "I have worked with a number of the residents at Acorn and have always found the staff to be really engaging and willing to accept new ideas in relation to assessment and treatment options"; "Staff always bring clients to their [therapy] sessions with enthusiasm. Staff know the clients really well and are able to give good feedback on their behalf when required, due to the level of the person's learning disability preventing the client giving full details."

Relatives told us they were confident that staff knew people well and understood how to meet their needs. Relative's we spoke with said, "We feel the team are well trained and they even involve [person's name] in their training days which he thoroughly enjoys" and "Staff understand my [relatives] needs very well. [Registered manager's name] has been front and centre of making sure all the arrangements have been made for some medical treatment that is taking place" 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.

People's need and choices were assessed prior to moving into the service. Where possible, people were able to visit or stay for a short period before moving in. This helped ensure people's needs and expectations could be met by the service. People were asked how they would like their care to be provided. This information was used as the basis for their care plan alongside the pre admission assessments. This then assisted staff to develop a care plan for the person so care was delivered in line with current legislation, standards and guidance. Staff were knowledgeable about the people living at the service and had the skills to meet their needs. People and their relatives told us they were confident that staff knew people well.

Staff completed an induction when they commenced employment which was in line with the 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 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. A staff member commented, "If I do need additional or specific training I just need to ask. Recently I've been involved in workshops on Mental Capacity Act, Human Rights and additional medicines administration

training."

Staff told us they felt supported by managers and they received regular individual 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.

Technology was used to support the effective delivery of care and support. For example some people had approved monitoring devices to ensure staff could support them quickly in the event of a health care concern such as a seizure.

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, "The team have worked very hard to ensure my [relative] can receive the medical treatment he needs in a way that is best for him and he can cope with."

Healthcare professionals were complimentary about the support provided to people by staff from the service. Comments included, "'I have found this to be a very good service. The staff are always very person centred and this is reflected in their support plans. They are also very committed to providing a good quality of life for the residents at Acorn Park Lodge"; "I found staff and management communicated well, were indeed open to new ideas and suggestions, appeared competent and that a caring service was provided for my client" and "I have worked with Acorn Park Lodge for four years. They are one of the best services we work with in Cornwall. Always polite; engaging, very supportive of their staff to undertake training and development. Excellent with the clients, very person centred. A lovely service."

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. We observed the support people received during the lunchtime period. The atmosphere was warm and friendly with staff talking with people as they ate their meals. People had a choice of meals and staff were knowledgeable about people's likes, dislikes and dietary needs. People were given plates and cutlery suitable for their needs and to enable them to eat independently wherever possible. Where people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's assessed needs.

Staff supported people to maintain a balanced diet in line with their dietary needs and preferences. Staff regularly monitored people's food and drink intake to ensure all residents received sufficient each day. Staff monitored people's weight regularly to ensure they maintained a healthy weight. People were provided with drinks throughout the day of the inspection and at the lunch tables. People who stayed in their bedrooms all had access to drinks. Staff regularly monitored people's food and drink intake to ensure everyone received sufficient each day.

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 for a birthday party and one person told us they were going to bake a cake. There was an atmosphere of excitement and anticipation about the party and everyone was involved in some way, all working together as a group.

Some people had special dietary requirements and these were catered for individually. At the time of the inspection there were no people with any specific cultural or religious preferences about the food they ate.

People told us they enjoyed their meals and they were able to choose what they wanted each day. People's relatives and friends were invited to join them at meal times and to eat together.

The minutes of residents meetings showed people were continuously consulted if they were happy with the quality and quantity of food provided and if any changes were needed.

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 nine DOLs applications had been completed and submitted to the Supervisory Authority for their review.

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, we saw mental capacity assessments regarding people's understanding about medical procedures they needed, and also people's understanding of death and end of life planning. 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 shaft lift to gain access to the first floor, where some bedrooms were located to support people with more limited physical disabilities. The kitchen had been designed with some lower work surfaces so people with wheelchairs could assist with meal preparation and cooking. In addition there was a second kitchen area where people were supported to prepare meals of their choice.

## Is the service caring?

### Our findings

The service provided exemplary care to people. All staff demonstrated their commitment to ensuring people received the best possible care. When staff interacted with people they did so in a relaxed, dignified and unhurried manner. Some people were unable to tell us about their experiences, however we observed people always responded positively when staff interacted with them. For example, one person responded particularly well to a tactile (using touch) approach and liked to briefly hug or take the hand of their care staff when they had not seen them for a while. This put the person at ease and clearly made them happy. We saw that people looked relaxed and comfortable with the staff who supported them. When staff communicated with people they ensured this was done in a style which best suited the person's needs and provided the person with time and their undivided attention to ensure they understood the person.

The atmosphere at Acorn Park Lodge was vibrant and happy. During the inspection we saw the inclusive culture of the service in action; there was no sense of division between the staff and people who lived there. For example, there was a birthday party for one person and a baby shower to celebrate the forthcoming arrival of a staff member's new baby. There were lots of visitors and everyone was involved in the various celebrations. There was lots of singing on a karaoke machine, people making cakes and an overwhelming sense of care and happiness amongst everyone.

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 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. Comments included "We speak with staff regularly in person and on the telephone. We are all extremely proud of all that [Person's name] has achieved and continues to achieve living here."

Relatives told us Acorn Park Lodge was 'a home from home'. We heard many references to the 'family atmosphere' and we saw and felt this. Comments from relatives included, "Absolutely excellent is all I can say. There isn't a single wrong thing I could tell you"; "The staff are excellent. So genuinely caring"; "In coming to Acorn Park Lodge, [person's name] has found a place he is truly happy and we have found a second family. We are delighted with it" and "The best thing about Acorn Park Lodge is the staff attitude; they are so kind but also really encouraging of people to do what they want to do. They have a real 'life is for living' attitude!"



People received extremely personalised care. 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. We saw many examples of staff encouraging people to communicate for themselves. For example, one person was positively encouraged and given time to talk to a member of the inspection team and share what they were doing with their day. As the person was more comfortable doing this with the registered manager close by, this was facilitated while at the same time giving the person enough space and independence to share their thoughts. Another person liked to express how they were feeling through touch. We saw that staff both understood this and supported the person with great care and patience so that they felt heard and understood.

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 "I feel that they listen to me and take on board any suggestions I have about my [relative's] 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.

People were supported to maintain contact with friends and family. Relatives told us they were always made welcome and were able to visit without restriction. 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 their relatives by telephone.

We saw that staff encouraged people to express themselves in whatever way they chose; staff were patient and focused on empowering people to communicate their thoughts and feelings for themselves. For example, the service had supported a person to deal with a major bereavement. A mental capacity assessment was completed with the person and their wishes and goals understood and acted upon. The staff team responded to how the person wanted to say goodbye by letting helium balloons go from the garden. There had been no expectations on them to be involved with more formal funeral arrangements, because it was recognised that the person had no desire to attend the funeral but was happy to join extended family and friends for the wake afterwards. This meant the person was able to grieve and be supported in a way they found safe and caring.

We received many positive comments from professionals who emphasised how staff ensured people were involved, listened to and at the centre of how they wished their care to be received. Comments included; "I have always found them to be very client centred, which I have always admired. We trust the team and we know they'll contact us immediately if we need to be involved"; "An extremely caring service. I have never had any concerns. I have always been really impressed with how this service operates and I can genuinely say that right across the whole team" and "In my experience the quality of care from staff at Acorn has been exemplary."

Care plans included up to date photo charts of each person's key working team. This helped people to understand who was currently on their team; and enabled people to plan with staff when necessary staff changes happened. This was enabled by there being separate photographs of staff who were leaving their team and of the new staff who would be supporting them.

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 [they] may just choose the last option given. This will make sure that [they] make the choice [they] want." We heard about one



person whose health condition meant they were no longer able to take much food orally had had an alternative method of taking food introduced. This had restricted her opportunities to try new foods. The service recognised the importance both socially and from an experience perspective for the person to continue to have tastes of different foods. This had been arranged. This meant the person's choice to continue to enjoy the taste of foods as a valued experience was upheld.

Staff were passionate about the people they supported and actively advocated on behalf of people to ensure they lived the fullest life they could. For example, we heard about one person's on-going health issues that required medical intervention under anaesthetic. This could make the person anxious leading to them behaving in a way which was challenging for staff to manage. In order to alleviate the person's worries the registered manager had worked closely with the person's relative and advocate and healthcare professionals. They had developed a clear protocol for when the person was admitted to hospital for their operation which would minimise their anxiety.

Staff displayed empathy and helped people overcome fears and challenges. This had resulted in positive and measurable changes for the individuals who lived at the service. For example, relatives told us how much one person had 'blossomed' from a person who felt they had no voice to someone who played an active role in how their service was run and in the wider community, since moving to Acorn Park Lodge. The person told us with great pride about their ongoing work as an ambassador for iCare. This is an organisation active across England which helps promote quality care within the Adult Care sector. This had happened after the person had made it a goal for themselves to challenge themselves to become more involved in opportunities outside the service that would encourage them to build their confidence. We saw examples of a range of activities this person had taken part in as part of their role including school career seminars, training videos, workshops and safeguarding seminars for people wishing to make a career in Adult Social Care as well as workshops, safeguarding seminars. The service were very supportive of this work and remarked on how much this work had helped to build the person's confidence and independence skills.

People were supported to learn and develop skills. Their relatives told us the staff encouraged people to be independent, to learn new skills and to try things for themselves. One relative told us, "[Person's name] has done so much and grown a lot since moving here. They give [my relative] space, supporting [them] but allowing [them] to make choices and be independent." Another relative said, "They support [my relative] to do things for themselves and just assist when needed." A third relative commented, "The staff take a step back and encourage [my relative] to make their own decisions. I have found this results in [my relative] doing more things as [they] feel in control than they would have done if pushed."

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. People who chose to were involved in the recruitment of staff. 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.

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 acted in a way which members of the public might find difficult to understand. Staff realised that this sometimes 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.

## Is the service responsive?

### Our findings

The service was exceptionally responsive. People received personalised care that reflected their needs and wishes.

Relatives, professionals and the staff spoke about different examples of the care provided for individuals and we could see the positive impact this had had. For example, we observed a person who lived at the service was involved in a review of their care and support needs with their support team and healthcare professionals. The healthcare professional told us, "They are always keen to get the most for their clients. The review today was focused on when we'll be able to restart hydrotherapy because they were benefitting from it and due to illness there was a break in using the facility."

The service had a high degree of focus on supporting people to meet their goals. This showed there was a culture of identifying not just what people wanted from the service but also what they wanted from life. People were involved in the local community and in a wide range of activities, trying new things and developing their skills. These activities were personalised to meet each individual's needs and took account of how they felt and what they wanted to achieve. For example, one person went to Manchester to have a tour of the Manchester United ground and then enjoyed watching their favourite football team play. Another person expressed their goal to go up in a hot air balloon and we saw plans were well under way to make this a reality. Other people went to voluntary work placements and day centres during the week where they enjoyed helping at a farm and gardening activities. This demonstrated that activities were provided for people which were meaningful to them and suited their preferences.

Each person had an individualised plan of activities each week which had been developed with people and regularly discussed and reviewed. This was flexible and responded to people's wishes, about the activities they may want to do, on a daily basis. Staff told us one person had recently returned from a holiday in Devon where they had enjoyed day trips including to the zoo. Another person could become highly anxious when out in the community; the service had responded by allocating an additional staff member when the person went out so they could be safely supported by two staff. This meant the person was not restricted and could go out and enjoy trips into the community with the reassurance that they were well supported and safe while doing so.

Each person was provided with their own electronic tablet personalised to them to protect their personal data. This allowed them to use specially designed communication programmes which supported the learning and use of Makaton, a simple sign language, to support their communication. It could also be used to support planning for activities and to allow each person to record their experiences using photographs and videos.

Multiple vehicles were available for staff to use when supporting people to leave the service. 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. A relative told us about how much their son had enjoyed attending regular 'guys nights' where they socialised with men from other Solar services. This meant people could socialise more widely and were free to have friends over to visit when they wished.

The garden at the service was well used for activities and relaxing. There was comfortable garden furniture and an area of astro turf used for people to play sport. Staff told us they held regular barbeques in the summer and we saw pictures of a garden fete that everyone had enjoyed. We heard about various social events that had taken place which had also provided an opportunity to raise funds for local charities. For example, the 'Flamingo Olympics' fun day, the 'Mad Hatters Tea party' and a charity day to raise funds for a specialised wheelchair for a local young person.

People who wanted to helped around the service. The manager told us one person always asked if there was anything needed from a local hardware superstore when they went out. They took a great sense of pride supporting the service by helping out. People were encouraged to be involved in cleaning their rooms and doing their laundry. We saw people making drinks and preparing meals. The staff told us they enjoyed these tasks. The registered manager told us, "The sensory element of cooking and the bubbles from washing up are particularly popular. People also enjoy helping with gardening in the summer."

People were supported to make change at their own pace. Despite the challenges faced by people, they were central to making and achieving their own life goals. As a result people were confident and hugely engaged in how the service operated. We heard many examples of people fulfilling their dreams and goals. For example, one person had become active in a training role with healthcare professionals supporting people with epilepsy. The person spoke to people about their experience of having seizures. Other people had expressed their goals to attend various events and concerts. For example, one person's life time goal was to attend the 'X factor' live tour. They were supported to do this with a trip to London where they also had a trip to see London from the top of the Shard building. The registered manager told us, "This was a lifetime goal for [Person's name] ever since X factor started." Other people had attended pop concerts and national sporting events in different venues across the country. This meant people were empowered to fulfil their personal goals.

Some people had complex physical disabilities which restricted their movement. People were supported to freely move around the service because they had their own dedicated staff to support this. Additionally, in the kitchen worktops had been installed at various heights to enable people in wheelchairs to use the space more easily. This meant people could get involved as much as possible in cooking with others which allowed them to maintain and develop their independence

Staff recognised and valued the importance of families. With people's consent, families were involved in planning and monitoring care. The service had excellent communication with families and healthcare professionals involved with people. Relatives were welcomed at all times and said they felt part of the larger Acorn Park Lodge 'team'.

Relatives told us about the positive impact of the support people received. For example, one relative described how they had noticed changes in the way their relative interacted with others. The person's confidence had grown considerably and they now initiated the activities they wanted to do. The person told us they planned to bake cakes and was supported to do this. Staff told us the person had progressed with their independence and socialisation skills, and gained a sense of achievement from creating meals. Another relative spoke positively about how they felt their son/daughter's needs were being met. They commented, "My [relative] has a high degree of needs and to be able to trust that [they] are receiving such a

high degree of care as they do here is just wonderful. I cannot praise it highly enough."

Healthcare professionals were very positive in their feedback about the service; comments included, "The staff manage a range of complex health needs within the client group they support including PEG care and complex postural management. I have always found the service to deliver high quality care for all of their clients" and "[Clients name] had issues with their feet and the staff were fantastic in their response. They knew exactly what to do. They look at each client's needs holistically."

One person had difficulties dealing with their emotions when they moved to the home. At times they had expressed frustrations by behaving in a way which was difficult for staff to manage. The staff worked with the person to support them to feel valued. They introduced techniques for the person to help them feel calm. The staff used a consistent approach and supported the person to take control of the technique which they now used when they were feeling anxious. This had enabled the person to cope in situations they would previously have found stressful.

The staff found creative ways to support people to reach their potential and achieve goals they had previously found challenging. For example, one person had complex issues with their continence. The service had worked creatively with the person and introduced the use of a watch alarm to remind them to use the toilet. The person gradually became more confident initiating their own personalised routine for using the bathroom. This had meant the person no longer regularly used incontinence products.

The staff showed empathy and understanding in their approach allowing people to take a lead in developing their own care. For example, one person was frustrated that they could not walk very far because of pain. In conjunction with the person's family, the service had worked with health care professionals to develop a treatment plan. Various techniques had been used to enable the person to slowly build up their strength and endurance so they were able to walk further. This had been a positive achievement for the person which had improved their quality of life. Another person was showing signs of frustration with their hair. The person's relative told us the service had worked hard to understand what was wrong and had concluded that the person was frustrated because their hair had always been cut in a short style. Gradually the person grew their hair into a longer style and we saw the pride they had in how pretty their hair looked with clips and ribbons. The inspector remarked on how lovely the person's hair was and received a beaming smile in return.

The staff recognised and valued the importance of people's families. Care plans listed dates and events which were important for that family so that the staff could support the person to celebrate with their family, for example by sending their relatives birthday cards. Where appropriate, family were involved in planning and reviews of people's care. Relatives confirmed this. Their comments included, "I feel very much involved in my [relatives] care. My input is valued", "It's how care should be. My [relative] has a great life here. He has had some ongoing health issues recently and [registered manager] has worked with me, and it has been a battle at times, to get in place quite a complex plan of care to sort this out. It takes a lot for me to value and really trust people looking after [relative] but [registered manager] really deserves it. She has been absolutely fantastic."

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.

Some people had difficulty accessing information due to their health needs. Care plans recorded when people might need additional support and what form that support might take. For example, some people had reduced hearing or had restricted vision. Care plans stated if they required hearing aids or glasses. People who had capacity had agreed to information in care plans being shared with other professionals if necessary. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with legislation laid down in the Accessible Information Standard.

People's care records for each person were extremely personalised and outlined their background preferences, communication and support needs. Information was clearly recorded 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.

The care plans and associated records were very detailed. They referenced information about the person's communication needs and capacity to make different decisions, recording the different situations and environment which might affect a person's ability to understand or make a decision. There was information on how the person expressed how they felt and things they might find difficult. The care records had been well thought out and demonstrated an excellent understanding of each person's needs. For example, 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 an individual's behaviour and the type of situations that might trigger such behaviour. This meant staff were confident in the action to take to manage behaviour that challenged in a way which minimised anxiety levels for the person involved.

Staff recorded the support they had provided each day. 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.

People and their families were given information about how to complain. The provider kept a record of complaints and concerns and the action taken in respect of these. 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. Relatives told us they would have no hesitation in bringing any issues to the attention of the manager and had full confidence in them to deal effectively with any issues. One relative told us, "The Management Team are excellent and communicate with us regularly on how [relative's name] is doing. We find the management team easy to talk to and if there are any issues they are taken seriously & dealt with quickly. We are then fully informed on any actions moving forward." There was evidence of a thorough investigation and response to the person raising the complaint. Part of the provider's response to the concerns they had received was to acknowledge the view point of others even when they found the complaint unsubstantiated, this approach was consistent through all their work where they accepted, listened and incorporated other people's opinions when planning care and running the service.

## Is the service well-led?

### Our findings

The service was exceptionally well led. Solar Care Homes Ltd is a private organisation operating three small care homes specialising in supporting people with complex physical and learning, disabilities in Cornwall. The providers were actively involved in the running of the services.

The culture of Acorn Park Lodge was exceptionally inclusive. Every aspect of the running of the service was done in collaboration with the people who lived there and where appropriate, their families. Each person's unique personality and needs were understood and captured into a personalised 'This Is Me' document that clearly brought to life people's personalities, needs, aspirations and goals. The registered manager told us, "Our approach is to support resident's goals and aspirations as they develop and experience greater opportunities to grow and develop." The service was proactive in ensuring equality and diversity standards were integral to people's care plans. People were encouraged to fulfil their goals and aspirations to the full and we saw multiple examples, outlined in this report, of how they did this.

The registered manager was supported by a deputy manager and a senior administrator as well as five senior support workers and worked alongside the provider to ensure consistency across the group. We spoke with the registered manager about her views on the leadership of the service, "We are always looking for ways to make the service the best that it can be. We support our staff to do the best job they can to support the people who live here. Our ethos is really about creating a home from home where people are valued and safe to live their lives as they wish."

There was an exceptionally open and positive culture at Acorn Park Lodge, which resulted in direct benefits for the people who lived there. For example, the high degree of focus on providing a high quality service meant staff worked collaboratively and closely together for the benefit of people living at the service. This was clearly evident in how the staff team worked together to ensure a person's home was kept clean and smart. We heard that the person did not enjoy any cleaning taking place when they were at home. In order to respect the person's choice about this, staff worked as a team to thoroughly clean the accommodation while the person was taking part in a community activity. This meant the person could return to enjoy their home without concern that domestic activities would be taking place.

The service had been formally recognised as an exceptional employer in a recent poll by Caring Times UK which is a national magazine for people working in the care sector. In addition, the Cornwall Adult Health and Social Care Learning Partnership (CAHSC), an independent organisation which worked to improve outcomes for vulnerable adults through workforce development; had recognised the service in 2018 for 'excellent leadership'.

Quality assurance reviews were frequent and thorough. The provider was continually reviewing and developing the service based on the results of their own monitoring and feedback from others. The provider was also working closely with other organisations, including Cornwall Partners in Care, to look at how to continue to achieve best practice.



Without exception, everyone we spoke with, were glowing in their praise of how the service was led. It was evident that people and their relatives felt central to how the service was run. Relatives told us, "It's how care should be if it's done right" and "It is such a special place is all I can say. We followed the [previous registered manager] from her last place. Since [current registered manager's name] has taken over it has continued to go from strength to strength. We are very lucky this service is here. It has given my [relative] such a full and happy life".

Staff were overwhelmingly positive about how the service was run. Staff comments included, "I love my job. It really does feel like we are an extended family. I'm not saying it's perfect because nothing ever is, but perfection isn't expected here, just the right attitude and a passion for supporting people to live their best lives" and "I worked in another service for a while but I wanted to come back. This is a special place and I love working here."

The registered manager was central to the empowering, warm culture that pervaded the service. Staff told us, "[Registered manager] is absolutely great. There isn't a thing she doesn't know about how we run and what is going on for people and she makes sure that people get the best and are supported to live their lives as they wish." A relative commented, "It's how care should be. My [relative] has a great life here. He has had some ongoing health issues recently and [registered manager] has worked with me, and it has been a battle at times, to get in place quite a complex plan of care to sort this out. It takes a lot for me to value and really trust people looking after [relative] but [registered manager] really deserves it. She has been absolutely fantastic."

The professionals we spoke with also gave positive feedback about the service and the way it was managed. Some of their comments included, "I could not fault how the service is run in any way. In my experience it is one of the very best. You can feel the atmosphere is so happy here and this isn't just today, it's every time I am here. People are so full of life and there is such a positive vibe. At the same time, I have always found staff knowledgeable, cooperative and willing to learn"; "Very well managed indeed. The manager knows hands on what people's care needs are because she also provides care".

Professionals told us that communication with the service was very good. Comments included, "In my opinion Acorn Park Lodge provide high quality care for the people who live there. It works well because there is open and honest communication between everyone in the staff team. I am impressed that even in the manager's absence, the staff are confident and knowledgeable if you need to clarify anything,"; "The team communicate very well with our service. Records are kept well. The staff have always been accommodating. I don't have any concerns about the service and from what I see they provide really good care" and "We exchange necessary information regularly and the management are very good at keeping me updated with [Person's name] and how they are getting on."

The staff group continuously reflected on their own practice and worked together to make a difference to people's lives. Regular staff team meetings were held. This provided dedicated time to reflect on specific aspects of the support to people at Acorn Park Lodge. Staff told us they were invited to share their views and that they always felt able to contribute ideas.

Policies and procedures about how the service should be run were thorough, regularly updated and understood by staff. It was clear the registered manager was very fond of the staff group but was also firm about the standards she expected from staff. For example, recent staff meeting minutes reminded staff that there was no a zero tolerance attitude toward staff using their mobile telephones during working time because this time was to be focused on supporting people.



The organisation promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment and told us they had not experienced any discrimination. There was an Equality and Diversity policy in place in relation to staff. Staff were required to read this as part of the induction process. Systems were in place to ensure staff were protected from discrimination at work as set out in the Equality Act. For example, through making reasonable adjustments for staff that were expectant mothers, including enabling staff to complete all of their training programmes.

People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.

The provider invited stakeholders to complete surveys about their experiences. Generally there was not a large response to these. The manager explained that they had daily contact with the majority of families and regular contact with key professionals. Our request for feedback before the inspection did receive a large response, all of it very positive. Relatives told us they interacted with staff about virtually every aspect of their relatives' lives, and so they did not feel it was beneficial to complete 'more paperwork to say what I've already said.' In addition the service had begun to pilot use of a 'Out in the community survey'; this was a short survey to gain public views of how the team interacted with the people they supported while out in the community. Early results of this were positive and showed that people felt staff were courteous, respectful and interacted appropriately while supporting people.

The registered manager and senior management team recognised the importance of Acorn Park Lodge being part of the local community. We heard of many examples when the local community had joined together with people living at the service for the greater good of people and charities in Cornwall. For example, summer fetes and various charity events had been run to raise funds for cancer charities and Riding for the Disabled as well as raising money for a local young person who was raising funds for a specialised wheelchair. We saw photographs of the events and heard about how much pride people had in raising funds to help others.