

# Cornwall Care Limited

## Home Care

### Inspection report

Cornwall Care House, Glenthorne Court  
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10 February 2020  
11 February 2020  
18 February 2020  
19 February 2020

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Home Care provides care and support to six people on a 24 hour/7 day a week basis and to people in the community in their own homes. Two hundred and eighty-seven people received care in their own home at the time of the inspection.

People received care that was personalised to their needs and preferences. Everyone spoke of the staff, the quality of their care and how the service was organised in positive terms. People and relatives felt safe being cared for by the staff and that the staff were kind, caring and compassionate.

There were clear systems of leadership and governance in place. The service was led by a manager who was empowering of her staff and passionate about ensuring people received good care and achieved great outcomes. The manager was reflective in their approach and open to feedback in their drive to continually improve the quality of the service.

People's care and any risks were planned with them and where appropriate with their relative and/or key professionals. Regular reviews took place and communication with staff, relatives and professionals was good to ensure the details were up to date.

Improvements were needed to the systems in place to support people with their medicines. Some improvements and plans have already been put in place and acted upon to address this. For those living with 24/7 care they received their medicines as prescribed and there was very good record keeping.

People had their health needs met. Where staff supported people to eat and drink, this was achieved to ensure people were monitored as required and support was brought in from their family, GP, Community nurses and other professionals as needed.

People's capacity to make decisions was assessed in line with the Mental Capacity Act (MCA). They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

### Rating at last inspection

The last rating for this service was Good (published 19 September 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below

Good ●

# Home Care

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was completed by one inspector, one assistant inspector and two Expert by Experiences. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Home Care is a domiciliary care agency. It provides personal care to people living in their own homes. They also provide personal care to six people on a more supported, 24/7 basis. This is to people requiring high levels of support to live in the community.

Currently, there was not a manager registered with us. The service had a manager employed who was in the process of registering with the Care Quality Commission. Once registered, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced on Friday 7 February 2020. The inspection activity started on 10 February 2020 and ended on 19 February 2020. We visited the office location on 10 and 11 February 2020 and made phone calls to people who used the service and/or their families on the 18 and 19 February 2020.

#### What we did before the inspection

We reviewed the information we held on the service, such as notifications, and used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all this information to plan our inspection.

During the inspection

We reviewed seven care plans during the office visit. We spoke with the manager and two staff based in the office responsible for supporting staff delivering the care, who planned and monitored training and ensure visits to people were met. We also reviewed a variety of records relating to the management of the service, including policies and procedures were reviewed.

We spoke with 17 people and 16 relatives on the phone to seek their views of their care.

After the inspection

We continued to seek clarification from the manager to validate evidence found. We also received written feedback from 12 staff, three professionals with knowledge of the service and one relative.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe by clear protocols and training of staff to ensure any concerns were identified and acted on.
- People and relatives felt safe being cared for by the staff. They felt they ensured they were protected, and their homes were kept safe.
- Where staff handled money for people, a clear system of recording and keeping receipts was in place.
- One person said, "More than happy with Cornwall Care carers, they let themselves in and lock the door afterwards. They ask if there is anything else I need before they leave." A relative said, "They definitely check there is nothing she can fall over and make sure the door is locked".
- Staff demonstrated they understood how to identify abuse and would always report this. They added, that they were confident people would be kept safe. A staff member said, "I would tell the manager and I know she would follow protocol."

Assessing risk, safety monitoring and management

- The risks associated with people's health, mobility, care and environment were assessed with extra support brought in as identified. For example, by referring a person to their GP for extra checks because they had fallen or the fire service for fire alarm and safety checks.
- Risk assessments were updated often to ensure they met people's current level of need. People were involved in agreeing the level of risk and independence and when staff supported them. If the person lacked the capacity, relatives and key professionals were involved.
- A person said, "They make sure I don't fall, they stand and wait with me. I feel very safe with them. When I am in the shower, I sit on a stool. The carers are always there ready for me and never leave me on own." Another person said, "I have a chair lift they (carers) know to use it properly and make sure I don't slip with my frame."
- A relative said, "They seem to review once a year; they go through everything and cover things like tripping hazards and bring any hazards to my attention, so I change them."
- A social care professional said, "I consider both the placement and the care provision that is in place for my client to be of an excellent standard, and that it promotes an environment which promotes safety in a community situation." Another professional said, "They are very responsive to people's changing needs and they clearly care about keeping people safe."

Staffing and recruitment

- Staff were recruited safely and in sufficient numbers to provide people with the care that was planned.

- People and relatives told us the staffing was good and when people desired it, familiar staff were provided. If staff were going to be late, someone would call and let people know.
- Rotas were sent out in advance, so people knew who was going to be looking after them.
- One person said, "I get seven or eight carers on a regular basis, it's alright. They start to become like family" and another, "I normally see all [my team] in a month. I am happy with this they are a very good crowd. They all help each other and if they want to swap over they will tell us what they are doing e.g. if one fell ill".
- A relative said, "There are a core of six or eight staff and there seems to be enough staff." Another relative said, "We get different carers, it varies sometimes, get the same one for couple of days, they are all pretty damn good".
- Staff confirmed there was enough staff and they had enough travel time although this could be affected by summer holiday traffic and road works. A staff member said, "I do feel there are enough staff, when there hasn't been a manager or another member of staff step in."
- A health professional told us, "[Home care] have shown a high level of professionalism. They do not take on new clients if they don't have the staff to manage the care safely."

#### Using medicines safely

- Everyone we spoke with said they were happy with how the medicines were managed. People felt staff gave them their medicine on time and a relative advised that the staff also communicated with the pharmacist and GP for them as they live a distance away.
- One person said, "It is fine, I get them at the right time and all is in a blister pack and they write it down on chart sheets." A relative said, "[My relative] must have it all the time and he gets what he needs".
- Staff confirmed they had regular medicine training and their competency overseen.
- The medicine records of the people in the 24/7 care were very well filled with people receiving regular medicine reviews. Protocols were in place to ensure as required (PRN) medicines were given for the time and purpose they were required for.
- The medicine records of the people in the community needed some improvement as there was the occasional gap and identifying people's 'as required' medicines was inconsistent.
- All medicine records were signed off each month by an area manager. The manager advised that the individual carers were spoken to, within supervision, if concerns were found. However, the service advised us following the office visit, they had reviewed their approach to this. All staff will undergo further training by the end of March 2020 followed by competency checks to ensure consistency. A new audit is being brought in to ensure compliance by all staff.
- A health professional told us, "They are able to document medication given and promptly raise any concerns they may have. They are willing to listen and carry out advice given."

#### Preventing and controlling infection

- People were happy with staff practice in respect of infection control and food safety.
- Staff were trained in ensuring the likelihood of cross infection was reduced.
- Staff were provided with personal protection equipment.
- The provider had put in place contingencies to cope with any disease outbreaks that may impact on their ability to provide care or mean a person was a higher risk to their staff.

#### Learning lessons when things go wrong

- The provider had a reporting system to review any events that happen in all its services. Following our feedback, medicine issues were being added to this to ensure consistency of practice.
- These were overseen by the manager and senior managers from the provider. Staff were fed back to in order to improve standards.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were carefully assessed before care was offered. Ensuring people had the right equipment, staffing levels and training were also considered carefully before agreeing to offer care.
- People were encouraged to take an active role in identifying their needs and choices and how they wanted support delivered. Relatives and key professionals were also involved in this process as needed.
- A staff member said, "They can express their feelings and needs. They are always happy to see me and appreciate the help they get."

Staff support: induction, training, skills and experience

- People told us they were happy with the skills staff demonstrated. One person said, "I think they are all good couldn't find any fault, they take care of me very well." Another person said, "They know what they are doing, they have been doing it for a long time, so they know you more about what you need, than you know yourself sometimes".
- Relatives also felt the staff had the skills needed and confidence in them to look after their family member. A relative said, "They seem to be (well trained), they do everything my relative needs for example washes and gets them dressed." Another relative said, "The training is excellent. The senior in charge is kept up to date with training."
- Systems in place made sure that staff had the training they needed, and this was updated often. Specific training to meet service users' needs also took place as required.
- Checks were made of staff ability that was followed up in supervision and at appraisal.
- New staff underwent a detailed induction, a probationary period and were introduced to people with a member of staff that knew them well. A staff member confirmed this by telling us, "When I started nine months ago I job shadowed and was given plenty of time to read care plans; I job shadowed experienced staff." Another staff member said, "New staff always shadow an experienced member of staff for several weeks until they have passed all the assessment skills and are familiar with the clients and their needs."

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

- People who required staff to support them in respect of their food and hydration had this delivered effectively.
- Staff ensured people's food and hydration needs were reviewed if a concern was emerging. For example, a staff member said, "We record food and fluid intake after preparing meals. All is recorded in care plan or special food and fluid forms. If there is any concern it's reported to manager, family or doctor."

- People told us, "Staff heat my food for me, I have no complaints, they come on time and make it well. They make me a nice cup of tea with it and before the go too."

Staff working with other agencies to provide consistent, effective, timely care

- People's care records showed that the staff were very good at working with other agencies as needed. Records detailed they worked closely with GPs, community nursing teams and specialist professionals.
- A health care professional described how staff from Home Care worked closely with them as part of a multi-disciplinary team for a person being looked after 24/7 so they could be safely supported in the community.
- A person told us, "Last week I had a bad day and they got someone out to help me." This showed they received timely support from key professionals.
- A health professional told us, "I see it as a safe pair of hands and part of the multidisciplinary team working for the best support that can be offered to clients and family. This is achieved with good communication, accurate and prompt feedback and a willingness to put the client first."

Supporting people to live healthier lives, access healthcare services and support

- Staff ensured people's health needs were met.
- People and relatives told us staff met known needs but also would respond if people were poorly that day or needed to see their GP, for example. Staff would facilitate this or contact relatives if needed.
- One person said, "They recently had to get in touch with a doctor for me and then an ambulance." Another person said, "Once I was feeling really bad, they got me into bed and made sure I was alright. They know what I need, and they help".
- A relative said, "If there is a problem they let us know. A carer called last week as [my relative] was agitated; they do err on side caution." Another relative, "I am not aware of any situation when they haven't been quick to respond".
- People's health needs were explained in the care plans that staff had access to.
- A staff member said they would meet people's health current needs, "If I feel competent to do, if it is clear on the care plan to do so but if in doubt, I would ring the doctor or District nurses."
- Staff also explained they would ensure people understood their care and treatment if this was needed. For example, one staff member said, "When they are unwell, I tell them what actions need to be taken and explain why."

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

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

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

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The service ensured people had their mental capacity assessed as required.

- Restrictions on people's freedoms, as applied to some of the people being cared for 24/7, had been sanctioned by the Court of Protection.
- The manager had recently reviewed people's records to ensure those with lasting power of attorney were recorded so these relatives had their legal right to consent to their relative's care recognised.
- People and relatives felt the staff were very good at ensuring the right to consent to care and treatment was upheld.
- A person told us, "The staff know what I accept and what I won't accept. They know when they should ask, and they do." Another person said, "They do ask and respect what I want they are very nice. If I say no, they don't do it."
- A relative said, "I hear them ask her how she is, and I know she is able to refuse if she doesn't want to do something" Another relative said, "They help with exercises on the bed, some days my relative will say 'I am not up to it'. They listen and respect my relative's wishes".

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives all told us that staff were kind, compassionate and caring. One person said, "They have hearts of gold because of the way they treat you." Another person said, " I know they care because they sit down and chat with me".
- Other positive comments from people included, "They become family and your family get to know them as well." And, "They are very nice, very helpful have time to have chat with me".
- Relatives added, "They are caring. It is very good; they ask how she is feeling. The staff who come will do anything for her." And, "They are very good, they talk to me, ask how I am. I hear them laughing with my relative in the bath room. They get on very well".
- People had their individual needs identified that included their culture, identity and faith. A staff member told us, "One of the clients likes to go to church and is taken."
- A staff member said, "We might look to the care plan for information and through conversation learn to respect their identity and needs." Another staff member said, "I respect all human beings and if they need special treatment they will receive it from our service".

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

- People were actively involved in making day to day decisions about their care. One staff member told us they always read the care plan, but consulted the person as they may want things done differently that day.
- A person told us, "We have a good relationship and good banter. They help if I need it. I couldn't give enough credit or praise the staff any more. It is perfect in every way in everything they say and do. For example, they will say 'how are your house plants doing?' and water them if it is needed."
- A relative said, "It's quite professional care." Another relative said, "They acknowledge mum, they tell her what they are going to do." A third said, "They sing to [my relative] and play balloon games with her."
- A staff member said, "We listen, we try to give choice, respect their wishes."

Respecting and promoting people's privacy, dignity and independence

- People felt staff respected them in their own home encouraged them to do as much for themselves as they could. One staff member explained how they only stepped in for one person when asked to as this was how the person liked their support to be organised.
- One person said, "My carer is very respectful when I do certain things they will turn their back on me until I say it is alright. All of them are very respectful." Another person said, "They do [respect privacy]. They always

close the bathroom door as we can have visitors. They are very good like that".

- A relative said, "The carers are very respectful. If they do any private tasks they will say to us 'will you go out of the room and we do this'."
- All the staff could identify times when they have tried to make a person feel special. For example, visiting someone on their birthday even if it was their day off, researching and talking about topics people are interested in and, making sure they had time for a chat. Two relatives told us, "They know he likes to watch his football team. They check the fixtures for him and make sure he watches it, when it is on. They know he can't do this himself." And, "They certainly try to make her feel special; they chat to her and ask how she is. For example, they say, 'your hair is looking nice today' and, she likes this".
- A social care professional stated, "I can bear witness to the fact that Cornwall Care staff are empathic and compassionate in their approach towards my client. This has always been the case even when my client has exhibited behaviours that can challenge others."

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- People had care personalised around their needs and preferences. People and relatives all knew about their care plan and stated they had a role in writing and reviewing this.
- One person said, "They come and review the care plan. They ask if there is anything else they can do, and they write it down in the book." Another person said, "I have a book [care plan] and they review it once every three months. I sign it and I don't think they would let me sign if I wasn't happy, which I am."
- Relatives confirmed they were involved in the care plan reviewed where this was required. Relatives also said they were updated about any developments they needed to be told about. A relative said, "They seem to know exactly what they are doing. The manager comes down three times a year and normally rings me personally, as she wants me to be there."
- People's care plans contained essential information about people's needs and key guidance for staff. They also detailed the life the person had and how they wanted their care given. Guidance from professionals was included as needed, and people were supported to understand this information.
- A staff member said, "When we meet new clients and when we update records, clients read through the care plan with us and sign it." All staff said there was good communication to ensure they stayed up to date. Another staff member added, "We are informed of changes to client's needs and condition daily. If I'm not sure about anything then I can call the manager and ask for advice and new information."
- A social care professional stated, "Cornwall care staff are both proactive and responsive to my client's needs and play a large part in supporting them to make pragmatic and appropriate decisions to achieve their goals."

Meeting people's communication needs

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

- Every effort was made to ensure people could communicate their needs. This meant regardless of their ability to communicate, staff worked to find ways to enable people to express their views.
- This meant staff were trained in British Sign Language (BSL) for one person and, used a range of approaches. That is, "I have a client who is deaf, so I went on a signing course to learn BSL and the client's own signing. I felt that this was so important and extremely useful."
- Another staff member said, "I use nonverbal and alternative ways that suit them."

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

- People being cared for 24/7 were supported to access their local community and facilities locally. Staffing and risk assessments were in place to achieve this safely.
- People receiving care in their own homes often highlighted to us they felt less isolated as the staff had time to talk with them and they looked forward to their coming.

Improving care quality in response to complaints or concerns

- Systems were in place to respond to people and relative's concerns and complaints. These were investigated thoroughly, and feedback given as required.
- Staff were supported to understand the complaints and how practice could be improved.
- The manager stated that they had introduced a new initiative which meant a quick response by phone to discuss the matter further and, hopefully sort out people's concerns at this point.
- Everyone had the phone numbers to call during office and out of office times and felt comfortable phoning. One person said, "I would probably ring the office and explain what happened. I feel happy to do so." Another person said, "They have in the past, sorted things out for me".
- People and relatives told us any concerns raised had been resolved to their satisfaction.
- A staff member said, "If someone had a concern, I would suggest they bring it up straight away to the line manager. In my experience complaints have been dealt with and have made improvements."

End of life care and support

- The service worked closely with a local hospice to ensure they had the right training and approach in place for people who were at their end of life. The service took on the care of people at their end of life, so people could choose to die at home. The service worked closely with the community and palliative nursing teams to achieve this.
- The health professional, who worked in palliative care told us, "In my experience, once a care package has been secured, the client is assessed and the care plan available in the home in a timely fashion."
- A social care professional said, "I have recently worked with a person [with] extremely complex needs and it was his dying wish to remain in his own home and Cornwall Care pulled out all the stops to make this possible; some of their carers even coming in on their days off to help him remain at home."
- People were encouraged to identify their end of life choices in advance, so their preferences could be respected.
- A family wrote after the service looked after their loved one, "Although you and your team's time spent with us was fairly brief, words cannot express our thanks and gratitude for the high-quality care our dad received during his final days at home. We could not have fulfilled Dad's wish to spend this precious time at home with his family by his side without your support. We will be forever thankful. Although everyone we met and who cared for Dad did so with such kindness, compassion and most of all dignity."

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was run by a manager with a team of staff carrying out certain functions such as organising visits, supervising staff and being responsible for administration. There were clear lines of responsibility and a sense of team work in achieving good care and outcomes for people and their relatives. A staff member said, "We all chip in and work as a good team."
- The manager had an empowering approach to ensuring staff could deliver. They were keen to ensure the service continued to offer good care and, the service had an approach that ensured continuous learning.
- The service covered a large county covering very rural, coastal and urban areas. The service was organised to meet the travel, seasonal and geographical challenges Cornwall provides. This included having staff employed to take responsibility for specific areas. Satellite offices and improved technology supported this process.
- People and relatives felt the service was run well and felt there was no issue in speaking to the manager, their area co-ordinator (who they named) or other senior staff if needed. For example, one person said, "[My coordinator] is a very nice lady. I have got her contact number in the book, she says any time you need to, give me ring."
- The manager had systems in place to monitor the quality of the service and was very responsive to feedback during the inspection which will lead to further improved medicine management.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were positive about the service and how their care was organised. They felt communication was good and any time they spoke with office staff, they were treated well and listened too.
- One person said of the office staff, "They are very good and very friendly. They do what you ask." Another person said, "I ring occasionally to change appointments and they do as I ask, they are very good and are polite." A relative said, "They are quite flexible I ring and arrange a time which is good for them to take my relative out I make a request and they arrive. I get through and straight away they deal with you, they are good."
- Staff felt valued by the manager and provider. All said the manager and their supervisors were approachable. A staff member said, "I think there are some brilliant inspiring managers and carers who really have clear values they are role models and there are many of them." Another staff member said, "My

manager is very strong, supportive and good at her job."

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

- The provider ensured they adhered to the duty of candour (DoC).
- The manager understood when they need to advise CQC and the commissioners of any concerns.
- People when they spoke about how the communication systems worked at Home Care demonstrated that the DoC was active. For example, a relative and person both told us how they had raised separate concerns and the immediate response was to apologise and put this right. They received feedback and management ensured they were satisfied with the outcome.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives spoke to us about surveys they were asked to complete but also of phone calls made to check they were happy with the service.
- A relative said, "Staff are always available for discussion in person when we are in [the area] and by phone. Suggestions are acted on, help provided."
- Staff said they could make suggestions and were listened to.
- The provider had scheme in place to recognise staff achievements. There was the "My Moments Awards" where staff were nominated for awards for dedication and practice. There was an instant staff recognition scheme when staff received a gift voucher to say thank you. There was also an annual awards ceremony that recognised staff for their contribution and dedication to the people they are supporting.

Working in partnership with others

- People and relatives told us that the service worked closely with other services and this was to achieve the best outcome. One person said, "They will work with social services, I know that." Another person said, "They work together they talk to each other on phone, they talked last Thursday on the phone with [another service the person was involved with]."
- A social care professional said, "I can confirm that the Cornwall Care team is well led, and that if they have any issues or concerns that they raise them in a timely manner. Also, they show a strong collaborative approach towards working with clinicians and third parties in respect of promoting wellbeing whilst also seeking to minimise the potential for risk to the client and/or others."