

Stayathome Limited

Units 2 & 3 Chenoweth Business Park

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The service provides personal care to children throughout Cornwall and to older people on the Roseland and around Truro. At the time of our inspection the paediatric care team was providing support to approximately 20 children with complex medical needs, these care visits were frequently over two hours long and included overnight care and support visits. The service's elder care team provides personal care for approximately

45 people in short visits at key times of the day to help people get up in the morning, go to bed at night and give support with meals. At the time of our inspection the service employed 34 care staff.

The service was well-led by the registered manager and provider's nominated individual, both of whom are based full time from the service's office. A registered manager is a person who has registered with the Care Quality

Summary of findings

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.

People and their relatives consistently told us they felt safe with their staff who provided caring and compassionate support. People said; "I must say they are very, very caring. Nothing is too much trouble", "They are always cheerful, even when it's raining!" and, "I feel completely confident leaving my child alone with them." People, relatives and professionals all said they would recommend this service to others.

People's care plans were up to date and sufficiently detailed to enable staff to meet people's care and support needs. They included appropriate risk assessment and detailed guidance for staff on how to use equipment required to meet people's care needs. The care plan's included guidance on how to support each person in the event of an emergency and the service had appropriate procedures available to ensure people's needs were met during periods of adverse weather.

The service was short staffed at the time of our inspection. This had been recognised by the registered manager and a recruitment campaign had been launched which had led to the recruitment of five additional staff. In addition, the manager had developed a plan to enable managers and office staff to provide care visits to ensure people's needs were met over the busy summer holiday period. This plan had been successful and the current staff shortages had not impacted on people's safety.

People told us their staff were well trained and we found the service had staff with appropriate training to meet people's individual needs. Spot checks to monitor the quality of care provided by individual staff were conducted regularly. Staff told us they were well supported by their manager and we found all staff received regular supervision and annual appraisals.

Staff and managers knew people well and understood people's specific care and support needs. Staff spoke of the people they supported with kindness and people described how staff helped them to engage with their pastimes and hobbies.

Visit schedules showed that people normally received care from consistent staff teams, that people's preferences in relation to care staff were respected and that staff had been provided with sufficient travel time between consecutive care visits. Most people told us and daily care records showed staff normally provided care visits of the correct length and that staff normally arrived on time. However, a minority of people commented that staff arrival times could be variable.

While the service was able to support some people to assess the local community as part of their commissioned care, the register manager recognised this was not available to everyone who used the service. To address these issues the provider had launched a community interest company aimed at promoting community cohesion and encouraging volunteering. This service was currently developing an IT training course for older people designed to promote people's independence by improving their understanding and knowledge of what can be achieved on the internet.

Summary of findings

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. Recruitment procedures were safe and staff understood their responsibilities in relation to the safeguarding of adults.

Although the service was currently short staffed the registered manager had taken appropriate actions to ensure this did not impact of the safety of people who used the service.

Risks were well managed and there were systems in place to enable staff to support people with their medicines.

Good



Is the service effective?

The service was effective. Staff were well trained and there were appropriate procedures in place for the induction of new members of staff.

In the paediatric care team the competence of staff to meet each child's individual needs was assessed by the service nurse before they provided care and support visits.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

Good



Is the service caring?

The service was caring. Staff were kind and compassionate and understood people's individual care needs.

People's privacy and dignity was respected and valued by their staff.

Good



Is the service responsive?

The service was responsive. People's care plans were detailed and personalised. These documents contained sufficient information to enable staff to meet their identified care needs.

People were actively encouraged and supported to engage with the local community, a variety of recreational activities and part time employment.

Staff were able to support people when they became anxious and records showed all indents had been managed effectively without the use of restraint techniques.

Good



Is the service well-led?

The service was well led. Both the registered manager and nominated individual provided effective leadership and support to the well-motivated staff team.

Where care was shared with other agencies the service worked collaboratively with others to ensure people's care needs were met.

Good



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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 checked 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 inspection took place on 25 and 26 August and 3 September 2015. The service was given 24 hours notice of our inspection in accordance with our current methodology for the inspection of domiciliary care agencies. The inspection team consisted of an inspector and an expert by experience.

The service was previously inspected on 14 February 2014 when it was found to be fully compliant with the

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

During the inspection we met and spoke with all eight people who used the service, five relatives, nine members of care staff, the registered manager, the provider's nominated individual and two health professionals who regularly supported people who used this service. We also inspected a range of records. These included five care plans, seven staff files, training records, staff duty rotas, meeting minutes and the services policies and procedures.

Is the service safe?

Our findings

People said they felt safe while receiving support from their care staff. People told us; “Indeed I do feel safe” and, “I like the carers I get because they are mainly middle age ladies and that makes me feel safer.” Parents told us their children were safe with their care staff and commented; “I feel completely confident leaving my child alone with them.” Care staff told us; “people are definitely safe” and “our protocols are good and people are safe.”

Carers, office staff and managers understood their roles in the safeguarding of vulnerable people. Staff had received training in both the safeguarding of children and vulnerable adults. The service’s safeguarding policies had recently been reviewed and updated as a result of changes to the local authorities safeguarding procedures. Records showed that where staff had reported concerns to managers these had been reviewed and where appropriate referred promptly to the local authority for further investigation.

All care plans included information for staff on how to support each individual in the event of an emergency. The care plans used by the paediatric care team, who support children with complex care needs, included clear detailed guidance on how they should support each child should their condition deteriorate during a care visit. This information was highly individualised and included detailed specific guidance for staff on how to ensure the child’s safety.

The service had appropriate procedures in place for use during periods of adverse weather. A number of four wheel drive vehicles were available for staff transportation and staff described how care visits would be prioritised according to each person’s specific needs.

Each person’s care plan included a detailed risk assessment designed to ensure the safety of individuals and staff while enabling people to take risks when they wished to. Risk assessments were sufficiently detailed and contained guidance for staff on the action they must take to protect people from each identified risk.

Where people’s care needs required the use of equipment or devices to safely meet their needs the service had provided training for staff on each specific item of

equipment. People’s care plans included details of the equipment they required with guidance how and when each item of equipment required servicing to ensure it’s effective operation.

Staff concerns reported to the office were treated seriously. During our inspection a staff member reported a concern to the registered manager. This was discussed by the office team and appropriate actions taken to address the concern and ensure the staff member’s safety. Where accidents or incidents had occurred they were fully investigated. Where these investigations identified areas for improvement, necessary actions were taken to further protect individuals and staff.

The service was short staffed at the time of our inspection. The registered manager had recognised in the early summer that staffing levels were low and the service was likely to struggle to meet children’s increased needs during the summer holiday period. As a result an ongoing recruitment campaign had been launched. This had led to the recent appointment of five additional staff.

In addition an eight week summer staffing plan had been developed. This plan reallocated office staffing resources for the summer period, while ensuring sufficient management support was available for the safe running of the service. The service had also made regular use of its small team of trained bank staff who are available to provide some additional care visits during the summer period. Staff and managers recognised the service was “short staffed” but reported that this was, “not affecting people”. However, people and families were aware of the staffing issue and told us; “I have only had one cancelled visit so I think that’s very good. I know how busy they must be”, “They are caring but I know they are overstretched” and, “there is not enough back up when staff are sick”.

We reviewed daily care records and the services system for recording changes and cancellations to planned care visits. We found the service had not missed any planned care visits. On a number of occasions over the summer period however, planned visits by the paediatric care team had been cancelled at short notice. For example, on the 24th of July three staff members had called in sick. This had resulted in three care visits being cancelled at short notice. In each case the service had contacted the families concerned, explained the situation and offered alternate solutions prior to agreeing to cancel the planned care visits. In each instance families had been offered support from

Is the service safe?

other suitably trained carers, offered later care visits or offered extended support visits for the following day. Families commented that although this was inconvenient it had not impacted on the safety of their child.

Care visits by the elder care team had not been cancelled at short notice. The service had recognised these individuals did not always have access to support from other sources and had prioritised the provision of their planned care visits. People supported by the elder care team told us, “They always turn up” and one person’s relative said, “My mother in law always gets her visit that might be because she lives with us, but I don’t think so.” Staff told us, “we never miss visits” and, “I have never, not got to a call.”

During the summer period the registered manager had not taken on additional care packages to prevent additional strain of staffing resources. We reviewed the care visit schedules for all staff for the week following our inspection. There were sufficient staff available to provide all of the planned care visits. Through careful management and effective communication the registered manager had succeeded in safely meeting people’s care needs throughout the summer period despite the limited numbers of staff available.

Where changes were made to staff visit schedules at short notice this information was shared using mobile phone technology that recorded when each message was received and read. This meant office staff knew when carers had received information about changes to their planned visit schedules and thus avoided risks associated with important messages being missed.

The services recruitment processes were generally safe. References from previous employers had been had been requested and Disclosure and Baring Service (DBS) checks, including checks of the children’s bared list had been

completed. However, there was no DBS records available for one recently appointed member of staff as this check had been delayed as a result of the staff member’s recent change of address. On the day of our inspection this staff member was observing care provision as part of the services induction process. Necessary adult first DBS checks had not been completed for this member of staff. We raised this issue with the registered manager who took immediate action. We discussed current recruitment and DBS checking processes with the registered manager, nominated individual and human resources (HR) manager. They explained that DBS checks were currently completed by the finance manager but this responsibility was shortly to be reallocated to the HR manager to ensure consistency throughout the recruitment process.

The service had effective staff disciplinary and probationary procedures. These were used effectively to ensure all staff met the standards of care provision expected by the service.

Staff had received training on how to support people to manage their medicines. In the elder care team this support was generally provided by prompting or reminding individual’s to take their medicine. In the paediatric care team staff received additional specific training on how to meet each child’s needs in relation to their medicines. Each staff member’s competence to support an individual child was assessed by the services registered paediatric nurse. Where staff administered medicine this was documented on Medication Administration Record (MAR) charts. The MAR charts we reviewed had been appropriately completed and regularly audited by the nurse.

The service had appropriate infection control procedures in place and staff personal protective equipment was readily available from the service’s offices.

Is the service effective?

Our findings

Training records demonstrated staff had received training in subjects including; safeguarding of both children and vulnerable adults, moving and handling, infection control, first aid and, food hygiene. Additional training was provided to staff in order to enable them to meet people's specific needs. In the paediatric care team the competence of each member of staff after appropriate training was assessed by the services nurse to ensure they understood how to meet the child's specific needs. Staff told us; "I have had a lot of training" and, "we get specific training for each child". While families reported; "the staff are well trained", "new staff are introduced quite slowly so they know what to do. They are checked and signed off to make sure they are ready" and "they do get specific training so they can meet [the person's] needs".

One recently employed member of staff told us their induction had consisted of a one day introduction to the service, three days of formal training and seven days of shadowing and observing experienced staff providing care. Staff records showed that new members of staff received supervision each month to ensure they understood their new role and responsibilities. In addition, new staff currently completed the common induction standards training and the nominated individual was in the process of reviewing the services induction processes to ensure they met the requirements of the new care certificate. People commented; "even the new girls know how to wash and dress me. They are a real good help" while families told us; "new staff are introduced quite slowly, so they know what to do and are signed off and checked to make sure they are ready."

Staff told us they were well supported by their managers who they met with regularly. Staff comments included; "I had a supervision last night" and, "we have supervisions every six weeks". We saw supervisions included both formal face to face meetings with managers and observations or "spot checks" where a senior member of staff observed the care provided by individual members of staff. Records showed that regular spot checks were conducted on all staff who provided care including managers. The results of spot checks completed on the registered manager were shared with all staff. The registered manager commented

that the staff who provided her spot checks, "are absolutely ruthless with me". This showed the service recognised the important role of these checks in ensuring care was provided to a consistent standard by all staff.

The service's staff management processes complied with current best practice and had been accredited by Investors in People. Investors in People is a UK government funded organisation that provides accreditation for employers who can demonstrate the provision of high quality personnel management.

Managers and staff we spoke with had a good understanding of the requirements of the Mental Capacity Act (MCA). The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. At the time of our inspection all of the people supported by the elder care team had capacity and people had signed their care plans to formally record the consent to the care as planned.

Care plans included information for staff on how support people to make choices and decisions about their care. Staff recognised the importance of valuing people's choices and told us, "if someone chooses to stay in bed, you have to respect their wishes" and "it's about respecting people and empowering them to make choices about how they want things done."

Where people were known to become upset or anxious while receiving care and support their care plans included detailed guidance for staff on how the person preferred to be supported while anxious. This guidance included information about events likely to cause the person anxiety. Staff had received training on how to support people while distressed and all incidents had been documented and investigated by managers.

Staff knew the people they cared for well and were able to quickly identify any changes to people's medical condition which were reported to the office. Where appropriate information was shared with people's GPs or other health professionals to ensure their health needs were met. Staff told us their managers had been able to arrange for care visits to be extended where people's care needs had increased.

People's care plans and daily care records included information about the support people had received with food and meal preparation. Where people required specific

Is the service effective?

support to meet their nutritional needs specific training had been provided to staff. In the paediatric care team staff had received training on how to prepare meals to meet each child's specific nutritional needs. People told us; "They always make me a sandwich or egg on toast but I

don't eat a lot", "I always choose what I want to eat and they always help me to cook it. Some even wash up for me afterwards. How good is that?" and, "I have a friend who prepares all my meals for me and when my carer comes she always heats it up in the microwave for me."

Is the service caring?

Our findings

People who used the service and their relatives all commented on the kindness and compassion with which their care staff provided support. People told us; “I must say they are very, very caring. Nothing is too much trouble, I am not a fussy person but they do anything for me”, “They are always cheerful, even when it’s raining!” and, “My carer is lovely and she even does my hair.” While peoples’ relatives said; “they are a very good care provider”, “The staff are great, they are all lovely” and “the carers themselves are just great”. Staff told us; “I try to provide the best service possible” and, “the families see us as a bit more than carers.”

Staff knew people well and spoke warmly of the people they supported. Staff comments about the people they cared for included; “[the person] is brilliant”, “They are all good people”, and, “I know [the person] really well and I have a good relationship with the family.” People told us they got on well with their care staff and described how they “laughed and joked” with staff throughout their care visits. Relatives told us; “[the person] really gets on well with the carers”, “When my relative’s carer arrives, we always have a little chat about what has gone on since the last visit. We keep each other well informed” and, “My mother in law looks forward to her carer coming, she has a soft spot for her.”

Staff told us their visit schedules did not change much, unless there was staff sickness and that they regularly visited the same people who they knew well. Families supported by the paediatric care team told us they knew their care staff very well and described how new carers were slowly introduced to each child’s care team. One person’s relative told us, “It’s rare we see anybody else but the new ones we do see are all nice and helpful”. While professionals commented, “they aim to provide consistency for family and child” and, “they have a very skilled group of young carers who can mix well with the peer groups of the young people they are supporting”.

Some people who received support from the elder care team reported their carers changed quite regularly. There comments included; “I get different ones all the time, but it’s not their fault and I don’t mind” and “They do vary but its nice meeting other carers they are all lovely.”

People told us their staff always explained what they were doing and respected people’s choices and decisions. People’s comments included; “I am not very good with my hearing so they have to tell me two or three times, but they always make sure I have heard”, “They tell me everything and if I am not sure I just ask them” and, “I am a bit deaf. If I don’t get it they just tell me again. They are very patient”. Staff described how they support people to make decisions about how their care was provided and told us “I let the person decide as much as possible”, “our whole focus is on empowering the individual” and, “it’s all about encouraging people to be as independent as they can be.”

People told us their care staff “definitely” respected their privacy and dignity. Staff explained how they protected people’s privacy and dignity by always ensuring curtains and doors were closed when they supported people with personal care. People confirmed staff consistently completed these actions and told us; “They are very good and they give me a lot of privacy” and, “They always close the curtains when I need personal help.” In addition people described how their staff respected their preferences in relation to topics of conversation. For example some people told us; “They are very good because it’s a fine line when asking questions about people, but I feel they know what to ask. I like some things to remain private” and, “They are pretty good, I don’t like to talk much and they know that.” While another person said; “we always have a laugh, some of the older ones are really funny and the young ones like to tell me where they have been. I get to know a lot, you know.”

People told us their staff were not rushed during care visits and described how staff would spend time with them chatting and helping with activities and hobbies at the end of each care visit. People said; “We play dominos sometimes and if I am feeling well we play scrabble”, “I used to have my own business and they are helping me to start using my knitting machine again as I used to be a machinist” and, “I like doing jig-saws but if they do more than me I shout at them (only joking).” One person’s relative told us, “My relative is quite old and frail, the carer will help her read her books as her sight is getting worse.” Staff said they had enough time during visits to meet people’s needs and commented; “I always have time to chat” and, “I find I have enough time”.

Is the service responsive?

Our findings

People's care plans included detailed assessments of their individual's needs. In the Paediatric care team managers normally visited the child and their family at home as part of the assessment process. During this assessment the families' specific needs were discussed, to ensure the service would be able to meet those needs. In the elder care team it was not always possible to complete a care assessment visit prior to the initial care visit. Records showed, however, that the service had made appropriated enquiries to establish they were able to meet each individuals needs prior to agreeing to provide their care.

All of the care plans we looked at had been regularly review and updated to ensure they accurately reflected people's current care needs. Each care plan provided staff with detailed guidance to enable them to meet people's care needs. As well as advice on how to enable people to make choices about their care. For example, one person's care plan stated, "[The person] will advise on what clothes she would like to wear for the day."

People confirmed that copies of their care plans were available in their homes and commented; "I think it's in the drawer" and, "Yes I do [have a care plan] and they also write notes in a little book." Staff confirmed care plans were available in everyone's home and told us; "they are very informative and regularly reviewed" and, "they tell you what to do for each visit."

Where people's care needs were more complex their care plans included additional specific guidance on how to meet these needs. This included guidance for staff on how to communicate effectively with the person they supported. For example one person's care plan described how the person expressed pleasure and provided guidance on the tone of voice to be used by staff when talking to the person. As well as information on how to recognise when the person was feeling upset or anxious.

The care plans used by the elder care team lacked specific information about the person's life history, hobbies and interests. This information can be important as it helps carers understand how a person's background effects who they are today and can provide staff with a useful guide to topics of conversation the person is likely to enjoy.

Daily records were completed by staff at the end of each care visit. These records included details of; all care and

support provided, the time of arrival and departure of care staff and any changes staff observed to the person's health. In the elder care team these records were regularly returned to the office and reviewed by managers. Daily notes for the paediatric care team were returned to the office less frequently when the record book was full.

In addition to providing support to people in their own home the paediatric care team also regularly supported people to attend events and activities with in the local community. This included supporting young people to attend outdoor activity weekends, music gigs and family holidays. Relatives told us; "[the person] has gone out to a foam party today with the carers", "we have been invited to the farm for horse rides and things" and, "they occasionally put on little events, they are good fun." The registered manager said, "we really recognise the importance of the social needs of the children" and described how the service had provided support to enable people to engage with their local communities. Professionals recognised and valued the services commitment to supporting young people to access the local community. Professionals comments included; "they always ask if there is anything else they can do for people, they go above and beyond a normal care company" and "they are my go to company."

The service regularly received compliments and thank you letter from people and their relatives. People knew how to raise concerns about the quality of service they received. Most people commented that they had not felt the need to make a complaint. While the minority who had raised issues with the service were happy with the manner in which their concerns had been addressed. People's comments included; "Yes I know who to phone but I have never had to", "No complaints at all. We have been using the service for a few years now and they have been wonderful", "I have no complaints at all there is nothing to complain about" and, "I wouldn't dream of complaining. Why would I, there is nothing to moan about."

We looked at the services visit planning system and found the system recorded details of people's individual preferences. Where people had expressed preferences in relation to the gender of their care worker, or where people had requested support for a limited number of staff the system ensured office staff were aware of these preferences during the visit planning process.

We examined the staff visit schedules and found travel time was provided between all consecutive care visit. Staff told

Is the service responsive?

us; “visits are normally on time, if I am running late I ring the office and they will let the client know” and, “normally you have enough travel time”. However, people’s comments in relation to visit times by the elder care team were mixed. Most people reported their staff were, “very

efficient and punctual”. While a small number of people said that staff arrival times could be variable and one person reported that staff were occasionally up to an hour late. Our review of daily care records found that people’s care visits were normally provided on time.

Is the service well-led?

Our findings

People and their families valued the care and support they received from this service. Comments received included; “it’s a really nice organisation”, “they are quite a family orientated sort of business and it really shows” and “I would recommend them and I have done in the past”. Staff said; “I think it is a really great company”, “I feel it’s a good company to work for, they really do care” and “I know people who cannot recommend us highly enough.”

The service was well led by an effective office team focused on ensuring that people’s individual care needs were met. Both the registered manager and provider’s nominated individual worked full time in the service’s office and demonstrated during our inspection a good understanding of people’s care needs. The registered manager routinely provided care visits alongside other staff while the nominated individual focused on business development.

The registered manager had identified that low staffing levels and the significant increase in children’s support needs over the summer holiday period would represent a challenge to the service. As a result an eight week summer work plan had been developed. This plan identified how office staff members would provide additional care visits to ensure the service was able to respond to the expected increase in people’s care needs. Our inspection was conducted during the last week of operation of this staffing plan. We found that office duties had been reviewed and appropriate steps taken to reduce administrative workloads during the summer period and that the plan had worked effectively. The service had generally been able to meet people’s increased needs. Our analysis of daily care records and visit cancellations showed only a limited number of planned care visits had been cancelled at short notice. Where the service had been unable to provide a planned visit people had been advised in advance and offered appropriate alternate care arrangements.

The service had an open management culture and staff were aware of current management challenges. Staff had been well briefed on the summer work plan and despite high workloads over the summer period, staff morale had remained high. Staff reported they were well supported by their managers and told us, “the boss is brilliant”, “the managers are really easy to talk with. You can go to them with anything and you know they will try to sort it” and,

“The managers are always willing to help, always available on the phone if you need any advice”. One staff member said “The nice thing is they [managers and office staff] really do care.”

The service held regular team meetings. The minutes of both care team and office staff meetings showed they had provided staff with an opportunity to share information about people’s care needs and discuss any changes within the organisation. Where staff had raised issues during these meetings the minutes clearly recorded what actions were taken by managers to address the identified concern.

Staff were encouraged to question practice within the service and to report any concerns they had. A confidential email address was available for staff to report any issues to the HR manager. This system was designed to enable staff to report concerns, and ensure they were addressed and resolved, while protecting the identity of the individual staff member.

At the time of our inspection the service was in the process of making significant changes to its management structures. These changes were designed to increase the flexibility of the care staff teams while clarifying the specific roles and responsibilities of office based staff. A system of designated lead office contacts for both the paediatric and elder care teams had been introduced to ensure any enquiries received were resolved promptly. Systems for recording information passed to office staff were effective and people told us; “I rang up last week because my alarm bell was not working so they brought me another one” and “If I have any issues I phone the office and they are resolved immediately.” The planned managerial changes had been explained to people and their families who commented; “we are quite optimistic about the planned changes.”

The service had strong links with the local community. The registered manager had set up a Community Interest Company. This company aimed to promote community cohesion and volunteering. A number of people supported by the elder care team had commented to the registered manager that they wished to have a better understanding of computers. This understanding would enable people to manage their own prescriptions, order food online and maintain links with friends and family. As a result a project to provide IT skills training to older people was under development. The project aimed to enable local college

Is the service well-led?

students to show people how to access social media sites, shop on line and also included an opportunity for meals to be prepared using ingredients purchased on line at the services Truro facilities.

The service had agreed effective working procedures with other care providers to ensure people's needs were met when their care visits were provided jointly. For example, an agreement had been made with one agency to share MAR charts within the person's home to ensure both

service's knew which medicines the person had taken. Where care was share with other agencies the service focused on ensuring the person received the best possible care. Systems ensured information about changes to the individual's care needs were shared effectively with partner agencies whose staff were encouraged to take part in care plan reviews. The service had previously provided staff cover at short notice when partner agencies had been unable to provide specific care visits.