

PRN Homecare Ltd

PRN Homecare - Bognor Regis

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 ●

Summary of findings

Overall summary

About the service

PRN homecare is a care at home service providing personal and nursing care to 57 people at the time of the inspection. Home care services provide care to people in their own homes.

Not everyone who used the service received personal care. At the time of the inspection no one was receiving nursing care. CQC only inspects where people receive personal or nursing care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People were kept safe by well trained, caring staff who enjoyed their jobs and got on well with people. A person told us, "I feel very safe and relaxed with my new carer, because they are good natured and a natural carer, this mean they know their job well and is the right personality. They want to help. I didn't have to express any preferences and I do not want to change my current carer at all."

Staff were recruited safely and since the last inspection the detail in care plans had been improved which meant staff could give better person-centred care. Risks were well managed, and staff had clear guidance on what to do in the event anything went wrong.

Staff training had continued during the COVID-19 pandemic, both online and in person when it was safe to do so. Staff were trained in good infection control and people felt reassured by the calm support of the staff. A person said, "I would say that carers know their job well, they are certainly well equipped, and they come dressed in all their gear, masks, gloves. They put all the stuff on before they come in and they wash their hands and have disinfectants."

People enthused about the care they received from PRN Homecare. Everyone we spoke to was happy with the care and many people said the carers were more like friends or family as they knew them so well. People told us they felt the care was above and beyond. For example, carers took time to talk to people about things that were important to them. A relative told us, "For a start they all are very jolly and cheerful when they come, it's all nice smiles, which we can't see under masks, but we can detect in their voices. They always ask how my relative is, spend a good amount of time talking with them."

The service was efficient and responsive. People told us they had input into their care and the staff always talked to people and asked for consent during care. Relatives told us they felt included in the decisions about care, "We work with the carers because my relative will probably deny that their needs have increased, we will need evidence. The carers are kind and gentle they all have the patience of saints. They know how to talk with (my relative), and they joke with them and then my relative is more co-operative."

The registered manager provided people with a rota of the staff who would be visiting in the coming week so

people knew who was going to be calling and providing care. People could request changes of staff or time and the registered manager would sort it out. Staff and people said how flexible the service was. A person said, "I called them to ask them if we could change a visit because my relative was going to the hospital, and another time it was about extra visit on specific week, the person who answered the call wasn't sure so they told me that somebody will come back to me with answer, and they did call back, and sorted as we wanted."

People 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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (8 February 2020)

The provider completed an action plan after the last inspection to show what they would do and by when they would improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by our data insight that assesses potential risks at services, concerns raised and based on the previous rating. This inspection enabled us to review the previous ratings.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for PRN Homecare on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Good ●

The service was exceptionally responsive.

Is the service well-led?

Good ●

The service was well led.

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Regis

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 team consisted of an inspector, who visited the service and spoke to staff, and an Expert by Experience who spoke to people who used the service and their friends and relatives.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This service is a domiciliary care agency. It provides personal and nursing care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that 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

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

We visited the office location on 12 May 2020.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used all of this information to plan our inspection.

During the inspection-

We spoke with four members of the staff team including the registered manager, the office manager and carers. We spoke with three people who used the service and six relatives and friends of people who used the service. We also received feedback from two professionals who work with the service.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed

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 requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At the previous inspection we recommended that the provider seek advice and guidance from a reputable source about safe management of risks and update their practice accordingly. At this inspection care plans had been reviewed and updated and we saw information in place to allow staff to manage and reduce risks appropriately.
- Care plans had clear risk assessments. We saw a care plan explain to staff about a person's needs for their diabetic care, including detailed instructions on how to recognise and deal with a suspected 'hypo', where their blood sugar may drop suddenly.
- Staff told us the care plans and risk assessments were available on a phone app which gave them guidance about what to do. A staff member said, "We are well equipped to deal with clients. The service is so well organised and put together."

Staffing and recruitment

- At the last inspection recruitment was not consistent or robust. We recommended the provider refer to current best practice guidance in respect of staff recruitment practice. At this inspection we saw the recruitment files were now complete and included full employment histories. All background checks for staff were in place and the provider told us they continued to update the files to ensure they were clear and well formatted.
- There were enough staff at the service to provide care for the people who needed it. The provider told us they did not accept new packages of care for people until they were sure they had enough staff. A person told us, "My (relative) was discharged from hospital, the people in hospital recommended this agency and we approached them. We waited a week as they had no staff to send, but it was a good move and we both are happy."
- People and staff told us they had enough time at each call to provide good care. A staff member said, "On the whole we have enough time. We have enough travel time too. If you arrive at a call late you stay longer to make up the time. We ring to say if we are running late." A relative told us, "From what I've seen carers are well aware of my relative's needs, their wellbeing needs as well. They never leave before they all have a nice cup of tea (they probably use every minute so they sit and do notes but my relative always says they have a cup of tea)."

Learning lessons when things go wrong

- At the last inspection we discussed the need for improved monitoring so actions could be taken where needed after any incidents or accidents. The registered manager had reviewed their systems and had

improved their oversight using regular audits.

- The registered manager was always prompt to react to customer concerns and correct any complaints. The registered manager told us, "We don't leave anything to fester, if something is wrong it is dealt with straight away."

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Systems were in place to monitor care and staff knew when and what to report.
- Staff were given a handbook when they begin work which clearly stated the policies of the service. Staff were aware of the need to take care with social media, and there was a great deal of emphasis put on staff remaining professional and treating people with respect.
- The registered manager told us, "When staff have a concern they ring and tell me and I fill in a form and raise the concern with the local authority and the CQC."

Using medicines safely

- Staff were trained in the administration of medicines and supported people to take their medicines safely. A staff member told us, "I am experienced in care and have done medicines before, but I'm new to homecare, I worked in a care home before. I check the MAR chart, I check everything."
- People told us they were happy with the support they received to take their medicines safely, a relative said, "We wanted one visit a day for personal care and an extra visit for somebody will need to administer evening and afternoon medicines. That was sorted on the initial meeting and soon after, I think it was less than a week, we had our first carer visit. They were very nice, introduced themselves and it was all good from a start."

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. Staff used PPE both in the offices and when visiting people's homes. A relative told us, "Carers kept us safe wearing masks, gloves and aprons all the time. They come inside dressed in them. They would tell us what to do, because information was confusing so they helped in many ways."
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the office premises.
- We were assured that the provider's infection prevention and control policy was up to date.

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 requires improvement. At this inspection this key question has now improved to good.

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

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. At the last inspection the service had failed to follow the requirements of the Mental Capacity Act 2005 and ensure assessments of people's capacity were made and best interest decisions recorded where applicable, this was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection this had improved and the service was no longer in breach. The registered manager had sought advice and training and had rectified the gap in knowledge.

- The registered manager had taken action to ensure mental capacity assessments were in place when necessary and no one was deprived of their liberty. The registered manager knew when and how to make best interest decisions for people if necessary.

Staff had received training in the MCA and understood the importance of choice and freedoms.

- A person told us, "What I like about my carers is that they know me well and they know what I can do and where I need help, so I don't have to tell them this or that. We work in partnership and I don't feel that things are done without me."

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

- People had their needs assessed and had choice in their care. A relative said, "We are very happy with the package of care my relative has, they were asked at the meeting if they would need anything else and I know we can go back and ask them for review if anything changes."

- Staff were able to monitor and record any changes to people's care using an application available on their mobile phones so care plans were always up to date.
- The registered manager and care workers went out of their way to ensure people had care which was not only of a high standard but was also tailored to their needs. A relative told us, "They are well familiar with my relative's routine, they check their back and use creams, they make notes of any changes in their skin. They look after both of us well."

Staff support: induction, training, skills and experience

- Staff were well trained and continued training as necessary during their time there. Staff told us they found the induction process helpful, a staff member said, "When we started, we did some online training. And some training in the office one to one, for example the medicines training was face to face. I'm better at practical than theory, we did two weeks shadowing."
- Staff felt supported to do the job effectively, a staff member told us the office staff and management were very supportive if they needed further training, they said, "They are really great and listen to you, they give you good support, they don't send staff out unless they are ready."
- The registered manager told us staff were able to access training via webinar during the COVID-19 pandemic, but some 'hands on' training was also available. For example the service had hoists at the office so that staff could have practical training.
- People told us the staff were well trained. A person said, "I think carers have good training and knowledge which able them to help people like me."

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

- Staff supported people to eat and drink when they needed help. Staff understood the importance of good nutrition and encouraged people to follow a healthy diet. A relative told us, "They noticed [my relative] is eating more and more sweet things. So now they prepare a meal for them and stay, so they at least eat a bit of proper food, which I read in notes."
- Staff also assisted people to prepare their own foods, promoting independence along with the healthy eating. A person said, "I am still able to cook, but I need ingredients near or on the table, so the carer helps me and leaves me to do it. They also make sure that fridge stuff is fresh. I sometimes forget to discard stuff and they remind and ask me if they can chuck it away so I can put it on the shopping list."

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

- Staff worked well with other agencies and other healthcare professionals spoke highly of the service. A healthcare professional told us, "They are professional, caring and kind. I have never had any cause for concern regarding their care. They will always call me if they are concerned regarding a patient."
- Another healthcare professional told us they referred clients to the service as they knew they could work well with people with complex care needs. They told us about a specific person they referred to PRN Homecare, "Working together with PRN has resulted in greater safety and all the care issues have been resolved. Recording is great when I need historic information. Continuity of staff is great, especially when we review. Both the manager and owner will provide care visits when I refer customers who need the additional support to settle down. Manager and owner know their clients and are happy to provide regular feedback without being chased."

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

- Staff were proactive in ensuring people accessed healthcare when it was needed. A person told us, "My lovely carer noticed that my leg had changed colour. They were very calm but they said firmly that it would be better if I rang the surgery. They also helped me to talk to my GP very calmly. The GP said that an ambulance should be called. My carer informed the office and they said to make sure I have somebody with

me, the carer should not leave me alone'.

- Staff knew people extremely well and encouraged them to live healthy lives, assisting them to manage their days to the best their health would allow. A person said, "As I have good and bad days it means I sometimes need more time to do ordinary tasks, but my carer is so patient and if I am struggling they say "Let's have a little rest." They know me probably better than I know myself and I am encouraged or gently guided to have a rest."

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 were well supported and told us they were treated well, a person said, "The lady carer I have is professional but empathic and she knows her job well. She always asks, she has a gentle voice and she is a good listener. She has a good eye for detail and can notice if I am having a bad day and need more help and time."
- Staff told us they had time to stop and talk to people, and they knew people well. Staff were able to talk to people about their lives and families, people felt staff knew them well. Staff had worked with people with varied backgrounds. In every case staff treated people with the same calm care and respect.
- A relative told us, "The carers who come and support my relative are cheerful and proud of their work. It's hard, one of the hardest jobs and so underrated, but these people are working their best and always find energy to smile and be polite. They are never anything but gentle and helpful and encouraging. I must say these carers are giving me back my faith in the human race, they helped give me my life back as I can go out and work now. It's never too much for them. I would not be without them."

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

- People were supported to make choices about their care and staff regularly talked to people during visits to ensure their decisions had not changed.
- A relative told us, "I would describe my relative's carers as positive, friendly, nice ladies. They bring freshness in our life and they are all very good at what they do, helping people like us. When they come they are relaxed, they don't rush and they do not leave unless they had a little chat with me, which is good as we could not go out or do much these days. They always ask how I feel and if I need anything, they will help me put the bed right, or take the rubbish out. They spend their whole amount of time, maybe even more, they will never cut visits short. We rely very much on their help and visits."

Respecting and promoting people's privacy, dignity and independence

- People felt they had calm and dignified support from the staff, a relative told us, "My relative's carers are friendly and professional at the same time. They seem to have a genuine interest in helping my relative stay healthy and keeping them independent as much as they can, but at the same time keep them safe."
- Staff understood the need for people to retain their dignity during care and knew choice was important aspect of that, as was remaining calm and unhurried. A staff member said, "I ask the person how they want their care and what other carers do. I talk to them for a while."

- Healthcare professionals told us the service promoted independence for the people they supported, a professional told us, "Carers have managed to enable the customer to be more independent too. The office get a daily call (sometimes several calls) for a chat as the person is also quite lonely and office staff manage this very well."

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 requires improvement. At this inspection this key question has now improved to good.

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's care was personalised and care plans were detailed. At the last inspection care plans had been an area for improvement. Since then the registered manager had reviewed and updated care plans and was using a new template that ensured all areas of people's lives were discussed and recorded. Care plans included details about people's lives and of day to day things that carers should know about. For example we saw a care plan that reminded staff to ask about a person's tropical fish and to ensure they were fed.
- Care plans now contained detailed information about people's protected characteristics and religion. We saw a care plan that spoke about the risk to a person of social isolation and mention of things they liked to do, how to encourage them, which church they preferred and other information to guide staff to give really personalised care in response to a person's circumstances.
- People's choices were asked for and respected and constantly checked so that care could be changed at any time if people felt they needed something added. For example, a relative told us the service was quick to respond when they needed a change in care, they told us the agency responded quickly to give them extra help and said 'It was lovely to have them.'
- People were sent a copy of the week's rota of their care staff in advance. People told us they were happy with the staff and the rota gave them confidence to plan the week ahead knowing who would be providing their care. Relatives told us this was helpful, especially for people who were living with dementia or who may struggle to accept care and disliked unfamiliar faces. A relative told us, "We receive information of any changes in the rota, sometimes people are on holiday and the office will let us know in writing about staff changes. I think it's very good, we can tell my relative who will be coming. It's really common sense and good practice as people might get confused and let strangers inside, I think it's very good so they know in advance." Another relative said, "We also receive a rota with the carers names every Friday, it helps for my relative to know who will come and I remind them in the evening."
- Staff told us the service was extremely person centred. The registered manager said they did not take on a new package of care for anyone until they were sure they had enough staff. A staff member said, "They don't change call times to suit the service. It's all about the client, not the service."

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.

- The registered manager was aware of the need to meet people's communication needs and of the Accessible Information Standards. The office staff maintained a folder with information about any special communication needs people may have to ensure that any information sent to people was always accessible to them.
- People told us they were happy with the communication from the service. A person said, "If I have to talk to anybody about my care, I am sure people from the office will be able to help, but I don't have any complaints and I am perfectly happy. I know the lady who works in the office very well, for a short time she was my carer and she was very good to me. I know I can ring anytime."
- Staff ensured people could understand information left for them, a person told us, "One day I was feeling dizzy and the carer made me call my GP. I needed antibiotics which she collected for me on the way in next day. She read all the instructions and made notes for me in big letters so I would not forget. I felt ok after few days."

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 told us the care they received was above and beyond that expected from paid carers. People often used the words 'family' or 'friends' to describe the way they felt about the staff who visited them.
- A person told us how the staff who visited them enabled them to feel part of society again, especially during the pandemic when the changing lockdown rules have been confusing for some people, they said, "I really enjoy that (my carer) is supporting me out for shopping, my relative does most of it on line but the two of us, we go out, I sit in my wheelchair and we stop for coffee and cake and it's a nice outing. We buy take away in plastic cups. Hopefully we will be able to sit outside soon. She knows what we can and what we cannot do, I rely on her to tell me."

Improving care quality in response to complaints or concerns

- Complaints about the service were few and the registered manager took any concerns from people very seriously. Staff were taught from induction to respect people and to ensure they were happy and had choice. Staff were quick to raise issues so they could be sorted before a complaint was raised.
- The service had a complaints policy that people had access to, however when we spoke to people they struggled to think of anything they had needed to complain about. A person said, "We have no complaints and they are, as a whole company, amazing at what they are doing."
- A healthcare professional told us, "Complaints are resolved quickly by the owner and manager and feedback to how it was resolved is given fast."

End of life care and support

- No people using the service were receiving end of life care at the time of our inspection.
- The registered manager told us they worked in partnership with clinicians for end of life care. They also accessed support from the local hospice. Staff were guided by people's GP and social workers.

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 requires improvement. At this inspection this key question has improved to good.

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

Continuous learning and improving care

- After the last inspection the registered manager had improved systems to ensure care was monitored and reviewed where necessary. Staff continued with training during the COVID-19 pandemic and areas where they had needed further training, such as in the mental health act, had been addressed and staff were now more confident in the care they gave.
- The number of audits carried out by senior staff and actions taken based on the results had improved. For example, there were audits carried out on missed medicines and these were followed up with the local pharmacy.

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

- The registered manager was passionate about quality care and that passion was noticeable among the staff. Staff in the office were happy and keen to help people who rang in. The registered manager told us, "We keep staff happy, happy staff provide good service."
- Care staff told us the company was good to work for and that enabled them to relax and do a good job. A staff member said, "There's so much good about this service. They are so supportive. I'm in university and have exams and they are really approachable and flexible."
- People and relatives told us the service had changed their lives, a person said, "We think this company deserves the best grades, 10 out of 10 and we already recommend it to people we know and to our relatives. It's hard to let strangers into your life but now we would not be without them. What they are very good at is being reassuring, professional and caring and in my personal experience, helping us not to feel like a burden, they respect us." and a relative told us, "I would describe this agency as attentive, kind and caring and these are reasons I would have no problems recommending it. I would also add that my relative is very happy and they are doing a brilliant job of keeping them in their own home, safe and healthy."

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 had a duty of candour policy which they and staff understood. They knew how to notify the relevant people should an incident reach the threshold for reporting.
- The registered manager was open and honest and keen to learn and improve. After the last inspection had shown areas of concern the provider had been asked to provide an action plan to the CQC to show how they

would improve, the provider had shared this action plan on the company website.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the last inspection the registered manager had failed to notify the CQC about notifiable incidents and quality assurance systems had not been effective. The registered manager and the office staff had worked hard to improve this and were now carrying out regular audits and looking at ways to improve care and to ensure notifications were sent to CQC without delay.
- Risk assessments which had been poor were now detailed and included the information staff needed to provide good, safe care. Each care plan was now reviewed by a second member of staff as a double check that nothing was missed.
- The registered manager was aware of which incidents and events were notifiable to the CQC and was aware they could contact the CQC to ask for clarification if at any time they were unsure.
- Staff were able to request support from the office staff or the registered manager at any time and felt confident that staff knew what to do. A staff member said, "I can call the office to ask about a person." And another staff member said, "I'm never scared to ring the office if I have concerns."

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

- People were kept involved in their care. At the assessment stage when the package of care was being compiled the registered manager spoke with people and their relatives. The new care templates ensured people were routinely asked about their protected characteristics so that if necessary the service could make changes to care. After people started using the service the communication continued and care plans were constantly being updated as people's needs changed.
- Staff kept people informed about care, sending weekly rota information to people on a Friday for the week ahead. The registered manager sent out COVID-19 updates as necessary. A person told us, "The owner sends letters with information about this virus and what they are doing so I feel well informed."
- People and relatives fed back to the service using a questionnaire sent out to them. People who could not easily use written answers were phoned by office staff to talk about their feedback. The questionnaire sent to people was audited for any recurring themes in the answers. We looked at the responses and saw they were all extremely positive. There were comments such as, "PRN Homecare is consistently excellent and outstanding." and "How can you get any better, you are all so good and kind."

Working in partnership with others

- The registered manager worked with other healthcare professionals and outside agencies such as GPs, pharmacies, social workers and other care agencies.
- We had only positive feedback from the professionals we spoke to. For example, one professional said, "I have a couple of quite complex customers with PRN and they are really good at managing their needs and wider safety for them. Fantastic communication with professionals. Referrals in a timely manner and carers as well as management go that extra bit to help. The manager does not take on too many customers that then leads to staffing difficulties. Missed calls are not an issue here."