Mother Redcaps Care Home Limited

Mother Red Caps Home

Inspection report

Lincoln Drive
Wallasey
Merseyside
CH45 7PL

Tel: 01516395886

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This unannounced inspection took place on 15 and 22 March 2017.

At our last inspection on 26 March 2015, we had found that there were breaches of regulations 11 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to the need for consent and inadequate staffing levels.

At this inspection we found that the provider had made improvements in these areas.

Mother Redcaps Home is in a residential area of Wallasey, in Wirral, overlooking the Mersey estuary. The home has capacity for and is registered to provide accommodation and nursing for up to 51 people. At the time of our inspection, there were 49 people living in the home.

The home is a large building over three floors and all rooms are for single occupancy. There are communal lounge areas on each floor. The home was divided into three units. The lower floor accommodated 12 people who were living with dementia but did not require nursing care. The middle floor accommodated 16 people who required nursing care. The top floor accommodated 21 people who required personal care.

The home requires a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager had left the home several months prior to our inspection. The current home manager at the time of our inspection had been in post for four months and had applied for registration with the Care Quality Commission.

We looked at records relating to the safety of the premises and its equipment, which were correctly recorded. Records we looked at showed that the required safety checks for gas, electric and fire safety were carried out.

The home used safe systems for recruiting new staff. When we looked at staff recruitment files and we saw that staff had been recruited using safe recruitment methods. There had been appropriate application and interview process and before any staff member had started in employment there has been checks made on their previous employment history and any criminal records. These included using Disclosure and Barring Service (DBS) checks. References were available from at least two sources including applicants last employer.

A new training provider had been sourced who provided face to face training which staff enjoyed. Staff told us they felt supported by the deputy manager and the home manager.

Food menus were flexible and alternatives were provided for anyone who didn't want to have the meal on

the menu for that day. People we spoke with said they always had plenty to eat. However, some people complained about the quality of the food. We observed the lunch time meal where staff were observed to support people to eat and drink with dignity. However, some people who needed support were not given help due to a shortage of staff. People and some staff told us there were not enough staff, especially at peak times such as the morning or at mealtimes.

The provider had complied with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and its associated codes of practice in the delivery of care. We found that the staff had followed the requirements and principles of the Mental Capacity Act 2005 (MCA). Staff we spoke with had an understanding of what their role was and what their obligations where in order to maintain people's rights.

We found that the care plans, risk assessments, staff files and other records were in the process of being reviewed and updated.

People told us they felt safe with staff and this was confirmed by people's relatives who we spoke with. The home manager had a good understanding of safeguarding. The home manager had responded appropriately to allegations of abuse and had ensured reporting to the local authority and the CQC as required

Medication administration was correct. However we saw that some fluid charts were not completed properly which meant that there was no record of people getting sufficient to drink to prevent risk of poor hydration or urinary tract infections.

People were able to have person centred, one to one activities provided, to promote their wellbeing. Group activities were provided, such as reminiscences with music and we experienced a happy atmosphere in the home as people were happy and engaged in the activities. People told us they enjoyed them and looked forward to more.

There were staff meetings and resident's meetings seeking the feedback of the attendees and we saw that actions had been taken as a result, such as the purchase and installation of a darts board.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was mostly safe.

Most medication was stored correctly. Medication was administered correctly. Fluid records were not correctly completed in a timely manner.

People told us they felt safe and staff were able to tell us about the safeguarding procedures.

Staff recruitment was safely completed.

People told us there were not enough staff at times.

Is the service effective?

Requires Improvement

The service was mostly effective.

The service complied with the requirements of the Mental Capacity Act 2005 and the associated deprivation of liberty safeguards.

There was sufficient and varied food and for people to eat. People complained about the quality some of the food.

Is the service caring?

Good

The service was caring.

Most people we spoke with praised the staff. They said staff were respectful, very caring and helpful.

We saw that staff respected people's privacy and were aware of how to protect people's confidentiality. People were able to see personal and professional visitors in private.

Is the service responsive?

Requires Improvement

The service was mostly responsive.

Care plans were being brought up to date. The information provided in the revised care plans gave sufficient guidance to

support the person. However, the care plans which had not yet been revised were of insufficient quality.

The complaints procedure at the home was up to date and available.

People were able to attend a wide variety of activities.

Is the service well-led?

Requires Improvement

The service was mostly well-led.

There were systems in process to assess the quality of the service provided at the home. People who lived at the home, their relatives and staff were asked about the quality of the service provided.

Staff told us they were supported by the home manager and deputy manager.

The provider expressed the wish and was beginning to work in partnership with other professionals to make sure people received appropriate support to meet their needs.

Mother Red Caps Home

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 was 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 15 and 22 March 2017 and was unannounced. The inspection was carried out by two adult social care inspectors, one specialist advisor who was a registered nurse and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the home manager. We checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and any other information from members of the public. We looked at the information contained on the Healthwatch Wirral website. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with four people who lived in the home, with three people's relatives. We spoke with the home manager, the deputy manager, with two registered nurses, the activities coordinator with four support staff members. We also spoke with two directors of the management group who were now responsible for the home, as the previous directors had resigned.

We looked at five people's care files, three recently appointed staff recruitment files, at medication administration sheets, policies and procedures and other records related to the running of the home.

Requires Improvement

Is the service safe?

Our findings

One person told us, "I am happy with everything. The staff are fantastic. I am 100 plus per cent happy". Another said, when we asked them if they felt safe, that they felt safely supported by the staff. They told us, "Most of the carers are brilliant. I am definitely supported by them as much as they can".

At our last inspection in 2015, we found that there was a breach of Regulation 18 of the Health and Social Care Act 2008, as the previous provider had not taken the appropriate steps to ensure that there were sufficient numbers of staff to ensure that the health, safety and welfare of people were protected. We found that although there were some people who were unhappy about staffing levels, the home had recently recruited more staff and was re-evaluating how many staff to have on shift each day and night.

We were aware and noted that during the first day of our inspection, that there were several unplanned events, such as our own visit, a fire department routine check, an urgent admission to hospital, a death and a police visit, which stretched the resources of the staff on duty that day. We saw that staff responded to these events appropriately: however, there were concerns expressed by staff, people living in the home and a relative, that staffing levels were generally not adequate on a day to day basis, to meet people's needs

A staff member told us, "The staffing levels have improved on this floor. There is one senior and three carers". However, the overall consensus from people's point of view was that there were no enough staff. One person told us, "I need breakfast earlier. It should be from 8am but it is not until 9am. I get up at 7.30am and get myself washed and dressed. I don't get a cup of tea until 9am". Another person said, "The best thing is that I get on with all the staff but they are overworked". A third person said, They have to go round to make sure you're comfortable. They need more staff to cover these things. Occasionally, I have to wait for things such as having a bath".

A relative said, "This floor is very busy and it is getting busier. It is a residential floor. The staff are run off their feet".

The lower floor and the top floor each had three care staff on duty during the day. The middle floor had a nurse and two care staff. The manager confirmed that seven people on the nursing floor required two members of staff to support them with personal care. This meant that there was considerable pressure on staff during the busy morning period when medication was being administered and most people required support with getting up and ready for the day. We also observed that there appeared to be insufficient staff to support people at lunchtime. Some people required assistance with their meals but this was not available for much of the time we observed the lunchtime meal. Staff were seen to move about the home to help when required, if they were free but then the possibility was that they would leave their floor short staffed.

We discussed this with one of the director and with the home manager who assured us that staff numbers would be reviewed without delay. They told us that recent recruitment had gone well and that the home would become fully staffed once safe recruitment checks had been done..

Rotas we looked at showed that there was a cook and a kitchen assistant on duty each day. There were usually two domestic staff on duty each day, sometimes three, and a laundry assistant.

A member of the management team told us that when they took over the home, they provided health and safety and infection control training plus advanced safeguarding training. They went on to tell us, "Recruitment has been the most successful story. You can't teach compassion. Our success has been the quality of the staff recruitment. It is people's home. We have a duty to give quality care".

We saw that the home had a safeguarding policy which had been updated recently and also a copy of the local authority's safeguarding policy. There were contact numbers displayed within this policy and on staff notice boards for staff to use if they were concerned there were abusive actions in the home. A staff member said, "The manager believes that safeguarding is the biggest thing. The safeguarding procedures are brilliant. They are at a good standard now". Staff demonstrated by answering some of our questions that they had an understanding of the arrangements for safeguarding vulnerable adults.

We looked at the personnel records for three members of staff who had started working at the home since our last inspection. We found that robust recruitment procedures had been followed and all had satisfactory references and criminal records checks on file. A relative commented, "The new staff are very good".

We saw that there was a staff handbook but this was generic across the management group's homes and services and also seemed to relate to domiciliary care staff (staff who worked in people's domestic home). However, it did contain the group's employment policies and other important employment information and also was relevant to care home staff .

We accompanied two medication administration rounds. These were conducted in a calm unhurried manner and people were treated with courtesy and informed what medication they were offered. The nurse administered the medications with care and attention to detail. They always ensured that the person had taken the required dose before moving on to the next person. One relative told us, however, "My wife has four sets of tablets, but she may not have regular time keeping with the tablets". However, a person living in the home told us, "I have my medications at a regular time".

We looked at the medication administration records (MAR) which were well completed with no missed signatures. There was a running stock check of items that were not supplied in the pods. There was a 'front sheet' for each person with a photograph and brief information of the person's medication, including any allergies. Where people were prescribed medicines to be given 'as required' (PRN), there was written guidance for staff to ensure consistency of administration.

Waste medication was disposed in the clinical room and included any dropped medication, which were re-ordered. A nurse told us that they checked the recording charts and signatures on a daily basis but there was no recorded evidence of this.

Medicines in current use were stored in two trolleys that were kept in a locked room. The trolleys were clean, tidy and well ordered. Medicines were dispensed in a 'pod' system called 'Multi meds'. There was a description and picture of each item in the pod. The senior member of staff on duty told us that medicines were only administered by staff who had completed medication training and competency test.

We asked a senior member of staff whether there was any covert administration of medicines disguised in food or drinks. They told us that there was not. The member of staff was able to describe in detail how individuals could be encouraged to take their prescribed medication and what happened if they did not

want to take it.

We found an issue with the storage of some medicines in a storeroom. The new medicines had been put there in bags without being checked in or stored properly. This meant that medication might not be stored correctly, according to the type of it, or requirement for storage.

There was a file with fluid charts, for people who required their fluid intake recording. These records were completed retrospectively, twice a day. This did not facilitate an accurate record of people's fluid intake. The chart should be completed contemporaneously. All people with a catheter in-situ should have a fluid balance chart which records the time people took their fluids. A shortage of fluid intake could mean the person was at risk of urinary tract infection. We brought these concerns to the attention of the manager who took immediate action.

The cleanliness and hygiene of the premises was good; all of the areas were clean on the days of the inspection. There were sufficient soap dispensers within the corridors for staff and visitors to have the opportunity to disinfect their hands appropriately. We saw that records showed that the required safety checks for water temperatures, fire safety, gas, electric were carried out.

We saw that risk assessments were being updated for aspects of people's care, such as going out, moving and handling and medication. Risk assessments relating to the property, such as a fire risk assessment and legionella and equipment checks had been recently completed appropriately.

The home had a whistleblowing policy and staff knew how to raise a concern. A record of accidents and incidents had been started in the immediate months before our inspection, by the new home manager.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in 2015, we found the home was in breach of Regulation 11 of the Health and Social Care Act 2008. This was because suitable arrangements were not in place for obtaining and acting in accordance with, the consent of people using the service. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The provider had complied with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and its associated codes of practice in the delivery of care. Appropriate assessments and referrals for DoLS for six people had been made to 'the supervisory body' (the local authority). One of these had been authorised and the home was waiting on the supervisory body's decision for the others. Most staff we spoke with had an understanding of what their role was and what their obligations where in order to maintain people's rights. Some staff needed a training update according to the manager plans for this had been made.

In two of the files we looked at, various consent forms, for example for the use of bedrails, had been signed by a relative, however there was no evidence that the relative had a 'power of attorney' to make decisions on behalf of the person. We discussed this with the home manager who agreed to get further information over who was able to act on a person's behalf and the process to be followed.

The records we looked at told us that staff were not all up to date with training to ensure that they were able to work safely and effectively. This had already been identified by the provider and the home manager and a comprehensive programme of training was in place and was planned to take place over the next year. This was being provided by an external training company. There were also plans to introduce an electronic training programme which would complement the current training. Two members of staff who we spoke with said they were really enjoying the new training programme and thought that the training providers were excellent.

We saw that training about safe moving and handling was scheduled for 13 staff on 21 March 2017. The manager told us that this was the last group of staff to do this course; all others had done it since November 2016. We looked for records of induction for new staff and found that these were had not been completed consistently in the previous year before the new home manager had taken up their post. The home manager told us that new staff now had a three month probationary period. We saw that the new Care Certificate was being considered for both new and experienced staff.

The administrator told us that nearly all of the care staff had a national vocational qualification (NVQ) in

care; however we could not evidence this due to the historic incompleteness of training records. Training records were being updated at the time of our inspection. One staff member told us that they were working towards their NVQ level 3.

A relative told us they thought staff were well trained; they said, "There is one nurse who sees to my mum. She is excellent. She seems very professional. She seems to know exactly what she's doing".

We saw records of staff supervisions up to 2015 but were unable to find any records of supervisions and appraisals in 2016 before the new manager came into post. The home manager told us that they were committed to doing at least one individual supervision with each member of staff and records showed that more than half of these had already been completed. When this was completed, responsibility for supervisions would be delegated to senior members of staff.

We saw minutes of the most recent staff meeting. These showed that staff had been able to raise issues that they were concerned about. We noted that records showed that regular staff meetings were held, the most recent being on 14 February 2017 and previously in October and November 2016.

The home had been purpose built some years ago and many staff complained to us about the layout, as there were long corridors to walk down. It was clean and bright, although a little 'tired'. One relative told us, "The decoration could be improved upon. The bedrooms need jollying up".

The management company told us there was a refurbishment and redecoration programme in progress and that dementia friendly environments were planned. A dementia friendly environment is one where plain or minimally patterned soft furnishings, wall and floor coverings are used and where colour is used to provide contrast, for things such as doors, toilet seats and handrails.

A person who used the service said, "The heating is either too hot or too cold".

A relative told us, "The food is good. They do special diets. Everything is home-made, including soups and cakes". We joined people for lunch and found that the food was hot and tasty. It was clear from the chatter and laughter at lunch time that mealtimes were relaxed and informal. People told us that they could choose what to eat from a menu and choose something else if they preferred. However, some people told us that on the previous day they had had to send the meat back as it was too tough. One person told us, "Nobody ate the meat yesterday. It was braising steak but it was as tough as old boots". On the day of our inspection, one comment was from one of the people who had lunch was, "The lamb was burnt today on the piece I had". They went on to tell us that the chef was leaving and that the other staff would take over until a new chef was appointed". We saw that the kitchen was small but clean and well ordered. We did observe however that some people were not supported to eat their meal when they clearly needed support.

Good

Is the service caring?

Our findings

One person said that they were very happy living in the home, "I love the other residents. I love my daughter visiting. The staff are very good. I can't say a bad thing about them. They are really good. I love them".

Another person said, "Most of the carers are brilliant. I am definitely supported by them as much as they can".

A relative told us that they would recommend the home. They said, "The contact is excellent. Even if my mum had a cut finger the staff would ring to tell me that mum had knocked her hand. The communication is very, very good. The staff's attitude towards myself is very good. They have been friendly from the beginning. They show friendliness to me and all the residents".

We noted that all staff on duty knew people who lived in the home well and were able to communicate with them and meet their needs in a way that each person wanted. We saw staff joking and laughing with people and involving them in conversations. We also saw staff addressing people in the manner they preferred.

We observed that staff were very patient and supportive to the people who were in the home at the time of our inspection. We heard and saw that when members of staff were talking with people who required care and support; they were respectful to the individuals and supported them appropriately with dignity and in a respectful manner. We observed staff reacting to call bells in an organised way and in a timely manner.

People had been enabled to personalise their own rooms; we were shown six people's bedrooms by people and their relatives. They told us they were happy with their rooms.

We saw that staff respected people's privacy and were aware of issues of confidentiality. People were able to see personal and professional visitors in private either in their own rooms or in one of the lounges on both floors as they chose.

One relative told us, "The best thing is everything. I can't fault any of the staff or how my mum is being treated. My mum is on end of life and everything is being done really well".

The home was about to implement the 'six steps' programme for end of life care. Six steps ensures that there is open and honest communication, assessment and planning. It ensures that the person themselves is at the heart of the process, with other people such as relatives and care professionals included and operating in a co-ordinated way. The person's need for dignity and respect is vital, as is the need to deliver high quality service in the care setting. It is a recognised end of life quality mark for care homes and other organisations.

We saw evidence in some peoples' care plans of their end of life choices; these had been completed with input from family and healthcare professionals.

Requires Improvement

Is the service responsive?

Our findings

We looked at care plans for five people. These showed that people's care and support needs had been assessed before the person went to live in Mother Redcaps Care Home. The care plans were disjointed and were not person-centred in style. They contained very little information about people's choices and preferences or how they wished to be cared for.

The care files did not always follow any order, for example in the front of two people's files was a series of body maps that did not seem to be linked to any skin care or wound care plan. In the front of another care file there were letters from a medical professional which did not appear to relate to any other entries or information in the care plan.

There was repetition and there was some conflicting information. For example, one person's care plan recorded that they lacked mental capacity and a DoLS application had been made. This had been reviewed on two occasions when 'no change' was recorded. However the manager told us that the person was able to make their own decisions and a DoLS had not been requested.

Another person's file reported that they had Alzheimer's disease, however an assessment form asked, 'Is there any recorded evidence of dementia or confusion?' and this was answered, "No". In another care file, the person was recorded as having a urinary catheter in place in one of the plans, but was recorded as using continence pads in another plan.

This meant that the information in the care files could be misunderstood and affect the care and treatment that the person received.

The home manager assured us that all the care files were in the process of being re-evaluated, updated and re-ordered and that to date, approximately a quarter of them had been completed. The home manager acknowledge that many of the care files did contain incorrect and repeated information which was not person centred, but that improvements would be made to all the peoples' care files.

We saw that people were supported with person centred care. One relative said, "It's personalised by the clothes that Mum wears even down to her jewellery. They put jewellery on for her. She loves her jewellery. She has her hair done every week".

A residents committee had met on 7 March 2017 and produced a number of suggestions about activities people would like to have and places they would like to go to. One of these had been for people to be able to play darts. It was felt by people to be a therapeutic way to alleviate some of their symptoms and to get a little exercise. A darts board had been purchased and there were plans to have a 'Dart Off' competition between the home manager and the maintenance person and then to create a league after that, for people to participate in matches with each other. Trophies and other prizes would be purchased for the winners.

The home subscribed to an organisation called 'Oomph'. This was a social enterprise organisation which

was dedicated to enhancing the mental, physical and emotional wellbeing of older adults. It supported activities and provided four trips out, per month, for people living in the home and the activities coordinator had recently been on a four day training course with them.

We spoke with the home's activities coordinator who was very enthusiastic about their role. They described the various events that that were organised for the home. These included both group and individual activities within the home and in the community. An example was that children of relatives and staff were invited to an Easter bonnet making event. There were also beauty days, shopping trips, chair based exercises and dancing. Entertainers were a regular feature and people's special events and celebrations were celebrated with a tea party. A local street busker had been invited to the home and the people told us that, "He was fantastic; can't wait for him to come in again". One person told us that recently, because they had known each other from some years ago, the activities coordinator had invited a local personage and that they had all enjoyed a dance together.

The complaints policy was available for people who lived in the home, relatives and staff to use. The 'service user guide' detailed how to make a complaint. The home manager had instigated a record of any complaints the home had received which we looked at. We saw they were acted upon swiftly and that a response was sent to the complainant. We were sent an email chain of a complaint made in the summer of 2016 which confirmed a response inviting the complainant to a face to face meeting, and their decision not to pursue the complaint.

Requires Improvement

Is the service well-led?

Our findings

One person said, "The Manager has not been here very long. Eventually, he will make it even better. He works very hard". When we asked what they liked about the home, they told us, "Everything".

A relative told us, "Nothing is too much trouble for the manager. He is very hands on".

The responsibility for the overall management of the home had been taken, about 11 months prior to our inspection, by a management group called 'Cumbric Care'. The group had three directors, all of whom were registered nurses and experienced in managing care homes.

The previous home manager, who was registered with CQC, had left the home in the autumn of 2016 and a new home manager, who was a registered nurse, had been appointed four months prior to our inspection and we had confirmed from our records that they had applied for registration with us.

We found that the two directors present at the time of our inspection, the home manager and the deputy manager, were open, cooperative and transparent with us and they assured us that the correct resources would be committed to improving the home. A staff member said, "The owners talk to the staff and we don't feel uncomfortable around them. They are brilliant. I moved my own relative to live here because the care is so good". All of the comments people and their relatives made to us were positive about the home manager and the home.

Comments from staff were such as, "The manager is excellent. He is a very good manager. He is very organised and very proactive. The deputy manager is very nice" and "I'm happy now. I think highly of the Manager and Deputy Manager. They hold regular staff meetings so we know that we're going in the right direction, collectively and individually. There is a high morale between staff, relatives and the residents. Eight months to a year ago, the morale was a lot different. I did not enjoy going into work. The managers didn't care about concerns. There were constant complaints from relatives. Then the deputy manager came and the home picked up. Then came the manager and it was even better. The standards and expectations that they set are high".

Another staff member told us, "We are having regular staff meetings now and the seniors meet up too". They went on to say that they found this to be very constructive and beneficial for the whole home.

The management company had begun to take over the home approximately 10 months prior to our inspection and had introduced many of their own policies and procedures. Some of these still required' personalising' to Mother Redcaps Care Home, but all were available and were written in plain English. We saw that there were medication, advocacy, records management, MCA and DoLS and safeguarding and whistleblowing policies. These were available electronically as well as being on paper. A service user guide had been produced specifically for the home and gave people and their relative's important information about the home.

A staff member told us, "The difference from when I started to now is vast! Coming to work is a pleasure now, staff morale is way better". We saw that in the four months since the new manager had been in post, many of the records had been reviewed and improved, and there had been a range of auditing tools created and implemented. We noted that the audits were carried out systematically and recorded well. Other information had been re filed and put into order so that the information could be tracked, such as DoLS applications.

The manager and the directors told us they knew, "There was still a long way to go", to get the home to where they envisaged it, but that they were enthusiastic about the future. They said that they were keen to develop good relationships with the local community and with other health and social care organisations.

One staff member said, "The manager is brilliant, he always has a smile and that's important. I've been here with four managers and he's the best. He listens to us and doesn't belittle us. If there are things we need, he just gets them. He's fair. I love it here, we're a good team".