

CORMAC Solutions Limited

Camborne STEPS

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

We carried out this inspection on 11 and 12 July 2016 and it was announced 48 hours in advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. This was the first inspection for the service since registering as a new provider, Cormac Solutions Limited, in October 2015. Cormac Solutions Limited is a company wholly owned by Cornwall Council. The service was last inspected in November 2013, when the registered provider was Cornwall Council; we had no concerns at that time.

Camborne STEPS (Short Term Enablement and Planning Service) is registered to provide personal care to people in their own homes. The service provides care visits for periods of up to six weeks. The aim of the service is to re-enable people to maximise and re-gain their independence, within their own home, after a period of illness and/or hospital stay. The service provides support to adults of all ages. On the days of the inspection the service was providing personal care to 28 people. Referrals for packages of care were made to the service by health and social care professionals. These included; hospital discharge teams, physiotherapists and occupational therapists.

There was a registered manager in post who was responsible for the day-to-day running of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they felt safe using the service commenting, "They [staff] make me feel safe and secure" and "The service is amazing, I wish I had had them sooner."

People told us staff were caring and compassionate in the way they supported them and were respectful of their privacy and dignity. Comments from people included, "I look forward to staff coming", "I enjoy the chats I have with staff", "They [staff] have been fully supportive, they are brilliant" and "Staff are always cheerful."

People told us they had regular staff, they knew the times of their visits and were kept informed of any changes. People told us the service was reliable and no one reported ever having had any missed visits. We were told that staff did not rush people and provided care and support at their pace, focusing on enabling them to do as much as possible for themselves. People praised staff on how they encouraged and helped them gain the confidence they needed to meet their goals. People commented, "STEPS has changed my mind-set, I have become more positive in my approach. I was focusing on what I couldn't do and staff have made me see what I can do", "Staff have really listened to me and given me confidence", "They have been encouraging but not in a pushy way" and "By the second visit I knew that this was a different service."

Staff were knowledgeable about the people they cared for and responded appropriately as people's needs

changed. The registered manager ensured staff received appropriate training and supervision. New staff received an induction, which incorporated the care certificate. Staff spoke with passion and kindness about the people they supported and were clearly committed to providing a responsive and caring service in line with people's agreed goals. Comments from staff included, "I enjoy my job", "I find it very rewarding seeing people progress" and "I love the interaction with people and supporting them to be more independent."

People were involved in decisions about their care and the development of their goals and aspirations. Care plans provided staff with clear direction and guidance about how to meet people's individual reablement needs and goals. Care plans were reviewed weekly to evaluate the progress people were making against their overall goals and agree the next steps for the following week. Any risks in relation to people's care and support were identified and appropriately managed.

Staff had been recruited safely, which meant they were suitable to work with vulnerable people. Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected. There were sufficient numbers of suitably qualified staff available to meet the needs of people who used the service.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

The registered manager and staff worked with healthcare professionals to develop individual care plans and exercise programmes to help people achieve their goals and regain their independence. Healthcare professionals told us, "All the STEPS services are good, Camborne is particularly responsive to people's needs and gets good results" and "People make much better progress with the STEPS team."

The registered manager was clearly passionate about providing a good service to people and shared this enthusiasm with the staff team. They recognised that if staff felt valued in their roles this would be reflected in the way staff provided care and support to people. Staff told us, "I get a lot of support from managers", "Good management, they ask for feedback and really listen to what you say", "Management are very good", "and "Team leaders supervise us working and give us constructive feedback about our work, which means you can keep improving." Feedback from people who used the service confirmed that staff had a caring and professional approach. One person told us, "Staff are friendly and professional."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and action taken to continuously improve the quality of the service provided. People and their families told us the management team was very approachable and they were included in decisions about the running of the service. People had details of how to raise a complaint and told us they would be happy to make a complaint if they needed to. Comments from people included, "I have already told my friends to ask if they can use the service if they need it" and "I would recommend anyone to use the service."

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. People told us they felt safe. Staff and the registered manager had a good understanding of how to recognise and report any signs of abuse.

Any risks in relation to people's care and support were identified and appropriately managed.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service and safe recruitment practices were followed.

Good 

Is the service effective?

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Staff obtained people's consent before providing personal care.

People's changing care needs were referred to relevant health services when concerns were identified.

Good 

Is the service caring?

The service was caring. People, and their relatives, were positive about the service and the way staff treated the people they supported.

People's privacy and dignity was respected and staff supported people to maximise their independence.

Staff respected people's wishes and provided care and support in line with those wishes.

Good 

Is the service responsive?

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received. Staff encouraged people to achieve their goals and aspirations.

People knew how to raise a complaint about the service and reported that any concerns they raised had been resolved appropriately.

Good ●

Is the service well-led?

The service was well-led. Management had a clear vision about how to provide a quality service to people, which was understood by staff and consistently put into practice.

There was a positive culture within the staff team and with an emphasis on providing a good service for people.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

The provider had positive relationships with organisations to make sure they followed current practice, and sustained quality.

Good ●

Camborne STEPS

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 and 12 July 2016 and the provider was given 48 hours notice of the inspection in accordance with our current methodology for the inspection of domiciliary care agencies. The inspection team consisted of one inspector.

We reviewed the Provider Information Record (PIR) during the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed other information we held about the service 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 went to the service's office and spoke with the registered manager, two team leaders and one care worker. We visited two people in their own homes and during these visits we met two relatives. We looked at six records relating to the care of individuals, staff records and records relating to the running of the service. After the visit to the service's office we spoke with three people, two relatives, four staff and three health and social care professionals.

Is the service safe?

Our findings

People told us they felt safe using the service commenting, "They [staff] make me feel safe and secure" and "The service is amazing, I wish I had had them sooner."

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately. They were also aware of whom to report concerns to outside of the organisation. Staff received safeguarding training as part of their initial induction and this was regularly updated.

Staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. Existing staff had all completed new DBS checks when the service registered as a new provider in October 2015.

There were sufficient numbers of staff working in the service to cover the visits and keep people safe. Rotas were organised into 'runs' of work in specific geographical areas. Any gaps in the rotas were clearly identified so the service knew the location and times where new care packages could be accepted. Visits were coloured coded to identify the type of service being provided and whether the visit time could be moved to accommodate a new package. For example, the times of visits for exercises only could often be moved, with the person's permission, to a later time in the morning. This meant capacity was created to allow for a new package to start where an early morning visit was needed.

There were suitable arrangements in place to cover any staff absence. The service worked closely with other branches of STEPS in Cornwall and shared staff to cover visits when care staff were sick or on annual leave. Team leaders were available to cover visits at short notice to help ensure people received their visits as agreed.

Staff had set patterns of working and mostly worked in the same geographical area. Due to the type of service provided rotas changed frequently, to accommodate new care packages and people's changing needs. Staff were given details of the people they were booked to visit two days ahead. This helped to minimise the need for changes to be communicated to staff and reduced the risk of any mistakes being made. Staff accessed information about the people they were booked to visit electronically on mobile phones supplied by the service. Staff told us their rotas allowed for realistic travel time, which meant they arrived at people's homes at the agreed times. If they were delayed, because of traffic or needing to stay longer at their previous visit, office staff would always let people know or find a replacement care worker if necessary.

People told us they had regular staff, they knew the times of their visits and were kept informed of any changes. People told us the service was reliable and no one reported ever having had any missed visits. A

relative said, "Staff always arrive on time, very reliable service."

Team leaders were on call outside of office hours and carried details of the roster, telephone numbers of people using the service and staff with them. This meant they could answer any queries if people phoned to check details of their visits, or if duties needed to be re-arranged due to staff sickness. The service provided people with information packs containing details of their agreed care and telephone numbers for the service so they could ring at any time should they have a query. People told us phones were always answered, inside and outside of office hours.

Team leaders carried out assessments to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. People's individual care records detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance about using moving and handling equipment, directions of how to find people's homes and entry instructions.

Staff confirmed they were fully trained to use any equipment and had good support from the team leaders if they had any concerns. Some people were supported by staff to use equipment themselves or with the family carer. One person told us how staff were helping them and their family carer to use a hoist in their home environment. Staff had made suggestions about how to use the hoist on thick carpet by putting down some plastic carpet protection to help the wheels move more easily. The relative told us, "Staff have good techniques when using equipment and have been very helpful in supporting me."

Due to the type of service provided new care packages started at short notice. This meant that it was not possible for a manager to visit the person's home and complete a risk assessment prior to a care package starting. A team leader would carry out the first few visits so they could complete a risk assessment for the environment and any equipment needed. This information could be passed on to other staff before they visited the person's home. Staff told us management always informed them of any potential risks prior to them going to someone's home for the first time.

Staff were aware of the reporting process for any accidents or incidents that occurred. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident. Events were audited by the registered manager to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks.

Care records detailed whether people needed assistance with their medicines or if they wished to take responsibility for any medicines they were prescribed. The service had a medicine policy which gave staff clear instructions about how to assist people who needed help with their medicines. Daily records completed by staff detailed exactly what assistance had been given with people's medicines. All staff had received training in the administration of medicines.

Is the service effective?

Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. A relative told us, "Staff are very pleasant and do their job efficiently."

There was a comprehensive staff training programme to support staff to achieve formal care qualifications, as well as engage in training which supported staff to deliver care and support to meet people's specific needs. All staff had received training relevant for their role such as, Mental Capacity Act, safeguarding of adults and children, person centred thinking, fire safety and food safety. Staff received specialist training to enable them to effectively support and meet people's individual needs. For example, staff had completed an intensive training course on care for people who had experienced a stroke. This training included a period where staff worked alongside healthcare professionals in hospital on a specialist stroke ward. One member of staff told us about the stroke training, "The training helped me to understand what it feels like for the person." Other specialist training included, dementia awareness, epilepsy and autism awareness.

Staff told us they felt supported by the registered manager and team leaders. They confirmed they had regular face-to-face supervisions and an annual appraisal to discuss their work and training needs. Staff said there were monthly staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

New staff completed an induction when they commenced employment which included training identified as necessary for the service and familiarisation with the service's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. The service had recently updated the induction in line with the Care Certificate. The Care Certificate replaced the Common Induction Standards in April 2015. This is designed to help ensure care staff, who are new to the role, have a wide theoretical knowledge of good working practice within the care sector.

Camborne STEPS worked successfully with healthcare services to ensure people's health care needs were met. The service had supported people to access services from a variety of healthcare professionals including GPs, occupational therapists and district nurses to provide additional support when required. Healthcare professionals told us they felt staff had the required skills and they trusted staff's judgement when they asked them about people's care and support needs. Care records demonstrated staff shared information effectively with professionals and involved them appropriately. People told us, "If STEPS can't help they will tell us where to go for help" and "STEPS staff have worked closely with the occupational therapist."

Staff told us they asked people for their consent before delivering care or treatment and they respected people's choice to refuse treatment. People we spoke with confirmed staff asked for their agreement before they provided any care or support and respected their wishes if they declined care. Care records showed that people signed to give their consent to the care and support provided.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how

to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity to make their own decisions.

Is the service caring?

Our findings

People received care, as much as possible, from the same care worker or team of care workers. Rotas were planned in such a way as to minimise changes of staff. People told us staff were caring and compassionate in the way they supported them. Comments from people included, "I look forward to staff coming", "I enjoy the chats I have with staff", "They [staff] have been fully supportive, they are brilliant" and "Staff are always cheerful."

During our conversations with staff they told us supporting people to carrying out tasks themselves required patience as these tasks often took longer when people completed them independently. Although, it was clear that staff were committed to promoting people's independence even if this meant the visit took longer. People told us staff did not rush them and provided care and support at their pace, focusing on enabling them to do as much as possible for themselves. People praised staff on how they encouraged and helped them gain the confidence they needed to meet their goals. People commented, "STEPS has changed my mind-set, I have become more positive in my approach. I was focusing on what I couldn't do and staff have made me see what I can do", "Staff have really listened to me and given me confidence", "They have been encouraging but not in a pushy way" and "By the second visit I knew that this was a different service."

Staff spoke with passion and kindness about the people they supported and were clearly committed to providing a responsive and caring service in line with people's agreed goals. Comments from staff included, "I enjoy my job", "I find it very rewarding seeing people progress" and "I love the interaction with people and supporting them to be more independent."

People were asked about their choices and preferences, including if they had a preference about the gender of the care worker booked to support them. Some people requested that they only have female care workers. There was a 'run' of work allocated specifically for male care workers and only people who wanted a male worker were put on this 'run'. This ensured that people's preferences about the gender of their worker were respected and minimised the risk of any mistakes being made in the allocation of staff. Care plans detailed how people wished to be addressed and people told us staff spoke to them by their preferred name. For example, some people were happy for staff to call them by their first name and other people preferred to be addressed by their title and surname.

Staff respected people's wishes and provided care and support in line with those wishes. People told us staff always checked if they needed any other help before they left. One person told us, "They [staff] always ask if there is anything else I need doing." For people who had limited ability to mobilise around their home staff ensured they had everything they needed within reach before they left. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency.

People told us staff respected their privacy and dignity and staff gave us examples of how they did this. Staff described how they were sensitive to how people may feel, being helped to wash and dress. Staff tried to put themselves in the position of the person, and appreciate how they may feel. All healthcare professional told us staff had a caring, supportive and encouraging attitude. They told us the caring approach staff displayed

was the reason why the service had such a good success rate in supporting people to achieve their goals and re-gain their independence.

Staff showed through their actions, kindness towards the people they supported. People's care records had recorded when staff had often gone the extra mile for people. For example, the service had provided a package of care to a person who had become ill while in the UK on holiday. Their unexpected extended stay in the country meant they had to surrender their passport and therefore they did not have access to their money. The team leader found details of an organisation that funded people in need of finances in emergency situations. This organisation was able to provide money for the person during their stay in the UK , which enabled them pay their living expenses and purchase an outdoor mobility scooter so they could go out.

Is the service responsive?

Our findings

People's needs were assessed prior to using Camborne STEPS, to help ensure it was the right service, for that person. The service worked closely with external health professionals, such as hospital discharge teams, physiotherapists and occupational therapists to help ensure people's needs were correctly assessed before starting to use the service.

The service provided a six week intensive support programme. Referrals were mostly for older people who had had either been discharged from hospital or had fallen and required support to build strength and confidence. People were involved in decisions about their care and the development of their goals and aspirations. Comments from people included, "This is a personal and individual service for me" "I wouldn't have got to this point without them. I have managed to achieve my goal of walking to the bus stop on my own."

Care plans were personalised to the individual and recorded details about people's goals and care needs for the six week period. Details of people's daily routines were recorded in relation to each individual visit they received or for a specific activity such as an exercise programme. This meant staff could read the section of people's care plan that related to the visit or activity they were completing. Team leaders reviewed care plans weekly to evaluate the progress people were making against their overall goals and agreed the next steps for the following week. People told us a team leader visited them regularly to review their care plan and updated their progress against their goals.

Staff were updated about any changes to people's needs through messages they accessed on their mobile phones. Staff told us if they reported any changes to the office this were actioned promptly. One care worker told us, "You let the office know about an update to a person's needs and the changes come through on your mobile within a couple of hours."

Staff were aware of people's preferences and interests, as well as their reablement and care needs, which enabled them to provide a personalised service. The registered manager had recently changed the format of care plans to contain more details about the person's needs and wishes and to make them easier for staff to follow. One member of staff said, "The changed format of the care plans had made it easier to find information."

The registered manager and staff worked with healthcare professionals to develop individual care plans and exercise programmes to help people achieve their goals and re-gain their independence. Healthcare professionals told us, "All the STEPS services are good, Camborne is particularly responsive to people's needs and gets good results" and "People make much better progress with the STEPS team."

Where people were assessed as not being ready to reach their goals in the six week period, the service worked with the person and health and social care professionals to decide the best actions to take. This might be increasing the person's daily visits, extending the period of the package or arranging for another service to provide an on-going package of care. When someone was assessed as needing an on-going

package of care the service continued to provide support until a new package was in place. This sometimes resulted in the STEPS package carrying on beyond the normal six week period. The service provided detailed handovers of the person's needs to the new service to help ensure continuity of the person's care provision.

People had details of how to raise a complaint if they needed to but felt that issues would usually be resolved informally. People said they would not hesitate in speaking with management or staff if they had any concerns.

Is the service well-led?

Our findings

The management structure of the service provided clear lines of responsibility and accountability. There was a registered manager in post who was responsible for the day-to-day running of the service. Senior management in the organisation were accessible and supportive. The registered manager was also the registered manager for the Penzance STEPS service and divided their time equally between the two locations. The registered manager met regularly with their line manager. There were also monthly managers meetings which gave the registered manager the opportunity to meet with managers from the other branches of STEPS in Cornwall. This meant that managers were able to have support from colleagues and to share good practice to continuously improve the quality of the service.

The registered manager was supported in the day-to-day running of the service by an office support worker and five team leaders. People and their families told us the management team was very approachable and they were included in decisions about the running of the service. Comments from people included, "I have already told my friends to ask if they can use the service if they need it" and "I would recommend anyone to use the service."

The registered manager was clearly passionate about providing a good service and shared this enthusiasm with the staff team. They recognised that if staff felt valued in their roles this would be reflected in the way staff provided care and support to people. Conversations we had with staff demonstrated they understood the principles of providing care and support that was personalised to the individual person. They spoke with passion and commitment and used phrases like 'individual support' and 'promoting independence' when they talked about the people they supported. Feedback from people who used the service confirmed that staff had a caring and professional approach. One person told us, "Staff are friendly and professional."

Staff received regular support and advice from managers via phone calls, texts, e-mails, social media and face to face individual and group meetings. The registered manager held monthly care staff meetings and team leader meetings. Team leader meetings were held jointly with team leaders from the Penzance branch. This enabled them to share practice and information, which was helpful if team leaders needed to work in a different area to cover for a colleague's absence. Care staff had the option to attend a staff meeting in Penzance if they were unable to attend the Camborne meeting one month. We were told by staff that the management team were very supportive and readily available if they had any concerns. Staff told us, "I get a lot of support from managers", "Good management, they ask for feedback and really listen to what you say", "Management are very good", "and "Team leaders supervise us working and give us constructive feedback about our work, which means you can keep improving."

Staff were encouraged to make suggestions about the running of the service and management involved them in the development of new ideas and ways of working. For example, to enable staff to have a greater understanding of the risk assessment process, one of the team leaders had been discussing a new format during staff supervisions. Active scenarios were also discussed and this helped staff to identify hazards and how they would minimise any risks, while being mindful of people's rights, choices & beliefs. Feedback from staff had been positive, as they felt more empowered to support people.

The registered manager was the organisation's lead for recruitment. Together with one of the team leaders they were developing different ways of advertising and promoting the service to attract new staff. A proposal had been submitted to higher management for the service to advertise on Facebook. The team leader explained that the advert would explain the ethos of the service and the different roles available as well as giving people the opportunity to message the service to ask questions.

The service worked in partnership with other health and social care professionals to seek their advice about current practices and monitor the quality of the service provided. This partnership working included carrying out joint visits to people's homes with commissioners from the Early Intervention Service (EIS) to review the progress & ongoing needs of individuals. The service had started a pilot scheme called 'Discharge to Access' where the service worked jointly with community therapists and nurses for the first five days after an individual was discharged from hospital. The aim of the pilot was to help ensure a smooth transition for people from hospital back home and assess that the correct support and equipment was in place for people to remain at home safely.

Health and social care professionals were all very positive about working with the service and said there was an open culture that welcomed feedback. Health and social care professionals told us, "They carry out weekly reviews to check that staff are doing the right job" and "The whole emphasis of the service is to encourage people to do what they can for themselves as opposed to 'do for' them."

The registered manager had effective systems in place to manage staff rosters, identify gaps in rotas and match staff skills with people's needs. Care staff remotely 'logged in' to the provider's call monitoring system by telephoning when they arrived and left each person's home. The management analysed information from the call monitoring system, about the length and timing of care visits, to check if these had been completed as agreed. Any concerns or queries about the timings of visits were raised at each individual staff's face-to-face supervision meetings. This meant the registered manager had a good knowledge of how the service was performing.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and action taken to continuously improve the quality of the service provided. Audits which assessed the quality of the care provided to people, such as care reviews were completed regularly. Team leaders carried out unannounced spot checks of staff working to review the quality of the service provided. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed. One member of care staff said, "Team leaders supervise us working and give us constructive feedback about our work, which means you can keep improving."

The registered manager analysed the service's success rates, to help ensure they were achieving their vision of "reablement". Information supplied in the Provider Information Record (PIR) showed that since October 2015, 86.50% of people who had used the service had required no further help after their six week support programme. The service asked people to give a 'quality of life score' at the beginning and end of their intervention to measure if any improvement had been made to their well-being. Since October 2015, 88.54% of people said that they had experienced an increase in their quality of life.

Feedback was sought from people during and at the end of their support programme, to help enhance the service. Information supplied in the PIR stated that since October 2015, all 131 people who returned a questionnaire were completely satisfied with the service they had received. Comments in the surveys returned included; "I was very satisfied with the service", "They have helped very well in my recovery", "The team are always gentle and thoughtful", "Felt comfortable and encouraged by all the workers" and "An excellent team."

