

Select Homecare Direct Ltd

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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

Select Homecare Direct provides a domiciliary care service to people who live in their own homes. The registered manager and designated administrative staff are based at the agency's office. Select Homecare Direct is family run, the owner doesn't have day to day input but any business decisions are referred to them. The service is classed as a small agency which means that it provides support with personal care to no more than 100 people. At the time of this inspection the agency was providing support with personal care to 42 people. They also provided a domestic and sitting service to people living in their own homes.

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

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.

People were supported by staff that were caring and treated them with dignity and respect. Staff understood the needs of the people they supported well and knew them as a person. All the feedback we received from people's relatives and healthcare professionals was positive.

People's care plans were consistent and had a person-centred approach to care planning. Staff supported people to maintain important relationships and continue personal hobbies and interests. Risks of abuse to people were minimised. Assessments of people's needs identified known risks and risk management guidance was produced for staff. Although guidance in care plans and risk management plans do need to be more detailed.

People were supported by staff who had the skills and knowledge to meet their needs. Staff felt supported by the registered manager. Staff understood their role and received appropriate training that supported them in their roles.

Staff worked together with a range of healthcare professionals to achieve positive outcomes for people. Staff followed professional advice to achieve this which included administering people's medicines as prescribed.

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 registered manager was aware of the AIS and ensured information was shared in an accessible way.

People's concerns and complaints were listened and responded to. Accidents and incidents were reviewed. People and their relatives commented positively about the registered manager and the quality of care their family member received. Quality monitoring systems included regular audits to ensure people received good care.

The registered manager had ensured all relevant legal requirements, including registration and safety

obligations, and the submission of notifications, had been complied with. The registered manager felt staff had a clear understanding of their roles and responsibilities. This was evident to us throughout the inspection.

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 good (published 20 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Select Homecare Direct

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

Day one of this inspection was completed by an inspector and an expert by experience who made telephone calls to people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Day two of the inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had 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 and associated Regulations about how the service is run.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 18 November 2019 and ended on 19 November 2019. We visited the office location on 18 November and spoke with care workers. On the 19 November we visited one person in their home.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with five people who used the service and six relatives about their experience of the care provided. We spoke with nine members of staff including the owner, registered manager and administrator.

We reviewed a range of records. This included five people's care records and four 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I very much feel safe, I don't need to worry when the carers are here, they are all pretty dam good." Another person told us, "We have been with Select Homecare about 4 years. Yes, we feel safe."
- The registered manager and staff understood their responsibilities to safeguard people from abuse. Staff knew what actions to take to protect people. One staff member told us, "We would tell the manager." Another staff member said, "We report to CQC don't we."
- Records showed staff had received regular training in how to recognise and report abuse. Staff could tell us what they learnt on the training. "One staff member told us, "We would look for bruising but also, no food in the fridge is a sign and behaviour changes."
- We saw examples of where concerns had been raised and investigated appropriately by the registered manager.

Assessing risk, safety monitoring and management

- People's care plans had risk assessments linked to their needs. These included the actions staff should take to promote people's safety and ensure their needs were met. Although the guidance wasn't very clear. For example, one person was considered high risk for pressure ulcers, the guidance told staff to check vulnerable areas, it did not say where the vulnerable areas were, or what to do if they felt the persons skin integrity was being compromised. Another person required regular repositioning, guidance said, reposition as needed, it was not clear, how staff should reposition this person or where staff should position cushions to reduce risk to pressure areas.
- The registered manager told us they would review peoples risk management plans and improve the actions staff should take to promote people's safety and ensure their needs were met.
- The provider considered environmental risk of people's homes for staff safety and we reviewed the providers business continuity plan that ensured the service would continue if an emergency happened.

Staffing and recruitment

- There was always enough competent staff on duty. Staff had the right mix of skills to make sure that practice was safe, and they could respond to unforeseen events. The provider regularly reviewed staffing levels and adapted to people's changing needs.
- The provider had one staff vacancy. The registered manager told us office staff were all trained to deliver care and everyone, including the registered manager went out and supported people if cover was required. This meant people did not have their care and support compromised. The rota confirmed shifts were covered as needed.

- Recruitment systems were robust and made sure that the right staff were recruited to support people to stay safe. Appropriate Disclosure and Barring Service [DBS] checks and other recruitment checks were carried out as standard practice.

Using medicines safely

- The provider had a medicines policy which was accessible to staff and they had implemented safe systems and processes which meant people received their medicines in line with best practice.
- Staff told us they had to count people's medicines on every visit if they weren't in a Dosset box. A Dosset box consist of a plastic grid with clear windows, labelled with the time for medicines and the days of the week.
- Medicine Administration Records [MARs] were completed electronically and audited appropriately. All four MARs we reviewed had been filled out correctly with no gaps in administration.
- Support plans stated what prescribed medicines the person had, and the level of support people would need to take them.
- People told us, "Yes, the carers administer medication and record the medication. It's in a locked box." A relative said, 'Yes he has a blister pack and takes medication four times a day, I assume they record it in their phone. "
- All staff had received training in the administration of medicines, which the provider regularly refreshed. Staff told us, "We have our app to record the times meds given and doses. We also must record observing the client taking or not. Some families ask us to document it on paper in the client home, so they can access, or the client can see what they have taken." Adding, "We let the office know if they feel meds need review."

Preventing and controlling infection

- Staff managed the control and prevention of infection well. Staff had access to, and followed, clear policies and procedures on infection control that met current and relevant national guidance.
- Staff had access to personal protective equipment such as disposable gloves and aprons.
- Staff were knowledgeable about how to prevent the risk of infection. One staff member told us, "If I do personal care I use gloves and apron and wash my hands before doing food.
- One person we spoke with said, "Yes they (staff) wear gloves and aprons when providing personal care to my (relatives name)."

Learning lessons when things go wrong

- There were systems in place to review accidents and incidents.
- Accidents and incidents were analysed by the registered manager and action was taken where required to prevent further incidents. For example, there was an incident previously where a person's finances were compromised by a care worker. This person now has a team of care workers rather than one, this ensures transparency and the person remains safe living in their own home.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider assessed people's normal routines, physical, mental and social needs prior to agreeing a care package. These assessments assisted staff to develop care plans for the person. One person told us, "When I started the manager came and did an assessment and asked about all the medication that I use and made a note of that." Adding, "The manager also asked me about the help I needed and told me what they would do for me, that included my meals, they arranged everything before the carers started."
- The registered manager told us, "I do the first few days of care and support alongside the quality manager before we hand the package to care staff." Adding, "We want to make sure people's packages are right for them."
- Expected outcomes were identified and staff regularly reviewed and updated people's care and support plans. People told us they had been involved in the assessment and their care plans reflected their needs. One relative told us, "Yes, the carers understand my relative's needs and they have a care plan." Adding, "The carers have access on their smart phone." And, "Recently, we have a DNAR following discussion with our family and GP and that is in their care plan now."
- Staff were supported to deliver care in line with best practice guidance, and information on supporting people living with specific health conditions was available. For example, some people had catheters fitted, staff were trained in catheter care by local professionals. This helped staff to provide appropriate and person-centred care according to individual needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had access to a range of training. The provider had a training programme which staff confirmed they attended.
- The provider considered the diverse ways staff could be supported to learn effectively. This included discussions and observations. Staff told us, "We only do face to face training, no on line, it's so much better." The registered manager told us, "All training comes with an assessment at the end, so we know staff have learnt."
- Specialist training was also provided. For example, staff told us they had training in Parkinson's, dementia, catheter and stoma care.
- All new staff completed a full induction process which was linked to the Care Certificate. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people.
- People told us they thought staff were well trained. One person said, "All the carers know what they are doing no matter what age group." Another person said, "The young ones are also very good and well trained." A relative told us, "They do have training about health and safety how to lift and sores they are well

trained in that."

- The provider carried out supervision in line with their supervision policy. Supervision is a process where members of staff meet with a supervisor to discuss their performance, any goals for the future and training and development needs. Staff received annual appraisals to monitor their development. One staff member told us, "We don't just wait for this we talk all the time." Adding, "[Registered manager] is always available to talk to day or night."
- Staff performance relating to unsafe care was recognised and responded to appropriately and quickly.

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

- Some people required support with meal preparation. Care plans identified people's likes and dislikes and the level of support they needed.

●Staff completed food hygiene training and evidenced they knew about good practices when it came to food. One staff member told us, "We leave snacks such as food or what they want, we ask before we leave and leave some where they can get it easily."

One relative told us, "Yes, [Relatives name] wasn't eating well they would forget to eat or burn things." Adding, "Since they [staff] started they have worked with [Relatives name] first to cook and now they prepare food or I take cooked meals to them, staff worked with [Relatives name] and learned what they like."

- Care records showed staff prompted people to drink and remain hydrated. Drinks of choice were always left within reach when staff left. One person told us, "The carers defrost and cook the meal they ask me what I would like to eat." Adding, "They use to ask if I needed a drink but they automatically fill my drink bottle now."

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Staff made appropriate and timely referrals to other relevant professionals and services. They acted promptly on their recommendations. One staff member told us, 'Yes, I have contacted the district nurse for wounds and dressing and sometimes rang the Occupational Therapists.' Adding, "We then ring the office."
- One professional told us, "They are really helpful they stepped in a few days ago they bent over backwards so staff could go in the next day."
- Care records showed people had access to professionals including; GPs, and Dentists. One staff member told us, "We make sure everyone has the flu jab too if they want it." Health professional visits were recorded in people's care records.
- People's care plans included information about the person, their family/important people, and their specific needs. The registered manager told us they planned to introduce hospital passports for everyone, so information could be clearly communicated if a hospital admission was required.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People only received care with their consent. Records showed people had signed consent forms when they began to use the service. This included, medicine consent, consent to care, and privacy statements.
- Staff received MCA training during induction and received annual updates. All staff spoken with were aware of their responsibility to ensure people were given the time to understand what was being said and make their own decisions.
- The registered manager had a good understanding of the MCA and supported families where appropriate to make sure people's rights were protected.
- No one was subject to a community DoLS at the time of the inspection, but staff had received DoLS training.

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 told us staff were kind and caring. Comments included, "Yes, my carers are all brilliant. I feel very lucky, they are very caring and do whatever they can to help me." And, "My current carer takes time to talk to me and ask me about things."
- Staff spoke positively about their work and the people they supported. One staff member said, "We give people time, there's no pressure, that's what I like about it."
- Compliments from people and relatives had been received. One comment read, "Best move we ever made, thank you." Another comment said, "Thank you for making relative laugh"
- People's cultural and religious beliefs were considered, staff told us, "We ask about religion on assessment." Adding, "We are not allowed to visit one person before a certain time on a Sunday so they can enjoy their chosen practice."
- Nobody we spoke with said they felt they had been subject to any discriminatory practice, for example on the grounds of their gender, race, sexuality, disability, or age. Training records showed that all staff had received training in equality and diversity.

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

- The provider helped people to express their views so that staff understood their preferences, wishes and choices. The registered manager told us, "We discuss their normal routines when we do the assessments and aim to continue those routines within the care package."
- People's care records had information about their life history, interests, significant people and preferences. Staff were familiar with these details. One staff member told us, "I explain or encourage people to do things, I'm guided by them and allow them to be confident, so they can be involved in their own care." Another staff member said, "I went to a new client yesterday, I read the notes, but I also asked the client what they wanted me to do."
- Regular reviews of people's care plans were carried out. People and relatives told us how they had been involved in making decisions when care needs changed. One person told us, "We decided I needed care in the mornings, breakfast, wash and dress me, wash up." A relative said, "Everything is now on the carers smart phone but if I need to I can read the notes online."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was considered and upheld by staff. One person told us, "Yes. My current carer does, I hope they stay." Adding, "Some carers in the past have just rushed in washed me and out the door and it wasn't a pleasant experience, with this current carer they have been perfect." A relative told us, "Yes,

that is one of the best things about Select because [relatives name] is of an older generation they respect them and their ways." Another relative told us, "Yes, they ensure they close doors, curtains and cover my [relatives name] when they are showering them."

- Staff told us how they encouraged people to be more independent. One staff member said, "We do a lot of rehab, people might start on four visits a day, but we help them, so they can reduce the visits." Adding, "One person had us coming in to make their sandwich at tea time because they couldn't get to the kitchen and carry it back to the table, we spoke with professionals who got some equipment for them, now they can get their own tea and we no longer need to do an evening visit." Another staff member told us how they taught a family member to fit their loved one's leg bag which reduced their daily visits and improved the persons dignity and independence.

- People's confidentiality was respected, and people had copies of their care records which were kept securely in their homes. People were supported to maintain and develop relationships with those close to them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received care which was personalised to them because staff knew people well and respected their wishes. Staff told us, "I involve them as much as possible in their care, giving them choices; encouraging them to do things for themselves such as wash their top half, I am guided by them."
- People and family members felt involved in their care, but people were always sure about their care plans. One person told us, "I think he had a care plan in the beginning, any changes, we as a family have let them know and they respond to it. Another person told us, "I have a care plan, but I don't recall them asking me to review it." Adding, "The carer bought it in and gave it to me, but I can't read it because I'm nearly blind."
- Care plans were a list of tasks that staff had to tick off on the electronic system once completed. Although the tasks were created with people, the system was in its infancy and care plans needed more detail to be fully person centred.
- Tasks were not always clear which meant any new staff may not have clear guidance on how to meet people's needs. We discussed care plans with the registered manager who told us they would review the current system and how care plans are recorded to ensure they capture the clients needs fully.

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 AIS and adhered to its requirements.
- Staff told us they assessed anyone who could not communicate and identified the best way for people to reduce barriers when their protected characteristics made this necessary.
- Care records had communication profiles that showed how staff should support people to communicate. For example, one person was tone deaf, staff new this meant they had to pay attention to the annunciation of their speech not the volume. One staff told us, "We don't shout they aren't deaf."

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 were supported to follow their interests and take part in activities that were socially and culturally relevant to them. For example, the registered manager told us how one staff member uses their own time to take one person to a local fair they enjoy. They also told us, "One person has a seven-hour shopping trip at Christmas time, staff go with them and they have lunch."

Improving care quality in response to complaints or concerns

- The provider had a complaints system in place; this captured the nature of complaints, steps taken to resolve these and the outcome.
- People who used the service and their family felt confident that if they complained, they would be taken seriously, and their complaint or concern would be explored thoroughly. One person told us, "I had one carer who told me lies which got me in to such a state and someone from the office came and saw me. It was sorted out because I nearly left and went, they sent me a new carer and they are perfect." A relative said, "Yes, in the first instance, I would contact the Manager of Select, I have no hang up about telling them if something is not right."

End of life care and support

- At the time of the inspection three people had been supported with end of life care. The registered manager told us, "Two people were end of life and have done so well they are back on a normal care package."
- Staff had access to an end of life policy and received end of life training. This meant staff could be sure they would be delivering end of life care in line with current national guidance and best practice.
- The registered manager told us, "Some staff are not comfortable delivering end of life care." Adding, "We adjust staffing if necessary so people needing end of life care get the best quality care." They also told us they were looking at introducing a palliative care team offering specialist end of life care and were currently recruiting to that team.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People had positive relationships with the management. One person told us, 'The manager and Deputy do come out and are hands on, they don't just sit in the office they check to make sure the ship is running properly.' A relative told us, "I really like the manager and office staff, I think they are efficient but familiar, they are happy taking the time to explain and have a chat about my relative."
- Staff worked as a team, were happy in their work and felt supported by an approachable manager. One staff member told us, "I've been doing care work for 13 years and Select is the best one." Adding, "The manager is always on the end of the phone, colleagues are lovely, and clients tell me the same too, there are no negatives, the manager is very supportive." Another staff member said, "The manager has been to see every client and knows each one of them."
- Innovation was celebrated and shared. Staff told us, "We have carer of the month awards it helps motivate us."
- The registered manager told us staff got a financial bonus for good attendance' and the provider had access to additional cars and breakdown services to help keep staff on the road. ● One staff member told us, "I was at a home visit and I got a flat tyre, I rang the office and by the time I finished the visit someone had been out to my car and changed the tyre, that meant the next persons visit was not compromised."

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 registered manager understood the requirements of duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. ● Records showed that where incidents had occurred these were treated as opportunities to learn and improve. For example, one carer continued to let themselves in to see people after they had left employment at the service. Now the provider has a standard policy in place to change the key code's every time a staff member leaves.

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

- The provider had robust quality assurance processes in place which included regular audits. These processes identified and managed risks to the quality of service delivery. Audits included, medicines management, care records and infection control.
- Additional managerial staff had been appointed since our last inspection. The registered manager explained this was to ensure improvements to the quality of care were made and sustained as the service

had grown.

- The registered manager was aware of their responsibilities with regard to reporting significant events to CQC and other outside agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.
- Staff understood their role and responsibilities. Staff we spoke with were motivated and told us they had confidence in the registered manager. One staff member told us, "[Registered managers name] is just so approachable, nothing is too much trouble." Another staff member said, "Yes, through training and the apps which make it clear what needs to be done and what has been done."

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

- People, and relatives were asked for their views about the agency via satisfaction surveys. Feedback we reviewed was positive, comments included, "When I phone any problems are always addressed, all carers are lovely."
- The registered manager and quality manager met with people frequently to complete spot checks or obtain feedback about the service. One relative told us, "We are really happy with them, they engage with [relatives name] personality, and when they needed more intimate care they adjusted to meet their needs."
- Staff meetings were held to enable staff to contribute their thoughts and experiences. One staff member told us, "We have staff meetings, but we have a WhatsApp group and talk regularly on there, we all talk all the time."

Continuous learning and improving care.

- There was a strong emphasis on continuous improvement. The registered manager had introduced an electronic system to enhance the monitoring of quality and safety since the last inspection. This allowed the registered manager to have better oversight of service delivery. Although this was in its infancy and still needed to be developed in terms of recording information fully.

Working in partnership with others

- The registered manager had developed effective working relationships with other professionals and agencies involved in people's care. The service had clear links and collaboration with the local commissioning teams, GPs and other health care professionals. This enabled the service to provide comprehensive care.
- A professional said, "[Registered managers name] is lovely she took on the business knowing how things should be, that's reflective in her staff." Adding, "She has standards."