HC-One Limited

Bishopsgate Lodge Care Home

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

The inspection took place on 22 and 28 January 2019. The first day of the inspection was unannounced.

We last inspected the service in February 2018 and found the provider had breached two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. These related to the systems and processes used to manage medicines safely and record keeping. We asked the provider to complete an action plan to show what they would do to improve the service.

Bishopsgate Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The care home accommodates 47 people across three floors. At the time of the inspection 42 people were being supported in the home, 15 requiring nursing care and some were living with dementia.

The service had a registered manager in post. '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.'

At this inspection we found the provider had taken action to improve.

The provider had introduced additional documentation to support the administration of medicines. Medicines were managed by staff trained in the administration of medicines. Observations demonstrated people received their medicines safely. The provider had employed a clinical lead to provide additional support to nursing staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Risks to people were assessed and plans put in place to mitigate against them. Risk assessments were reviewed regularly or when there was any change in the person's needs. Risk assessments for the environment such as slips, trips and falls were in place and reviewed regularly.

Recruitment processes were in place with all necessary checks completed before staff commenced employment. Nurses had their professional identification numbers (PIN) checked on a regular basis.

The provider used a dependency tool to ensure staffing levels met the needs of the people living in Bishopsgate Lodge. Staffing rotas were completed in line with the dependency tool.

The provider had a business continuity plan in place for staff guidance in case of an emergency. People had Personal Emergency Evacuation Plans (PEEPS) in place which were updated regularly.

Staff were aware of safeguarding processes and knew how to raise concerns. Where lessons could be learnt from safeguarding concerns, these were used to improve the service. Accidents and incidents were recorded and monitored as part of the provider's quality assurance system.

The provider ensured appropriate health and safety checks were completed. We found up to date certificates were in place which reflected gas safety checks and mobility equipment checks.

We found staff received regular supervision and an annual appraisal. Opportunities were available for staff to discuss performance and development. Staff training which the provider had deemed mandatory was up to date.

People's nutritional needs were assessed and we saw people enjoying a varied diet, with choices offered and alternatives available. People were supported with eating and drinking in a safe, dignified and respectful manner. People had access to healthcare professionals when necessary and were supported with health and well-being appointments.

The provider had systems and processes in place to ensure the principles of the Mental Capacity Act 2005 (MCA) were being met.

People and relatives felt the service was caring and promoted people's independence where ever possible. We observed how staff provided support in a respectful manner ensuring people's privacy and dignity was promoted.

Care plans were personalised to meet people's needs and reviewed on a regular basis.

People enjoyed a range of activities. The service had links with the local community with people accessing the local shops and places of interests.

The provider had a complaints process in place which was accessible to people and relatives.

Staff were extremely positive about the registered manager. We observed the registered manager was visible in the service and found people interacted with them in an open and honest manner. People and relatives felt the management approach in the home was positive.

The premises were well suited to people's needs, with ample dining and communal spaces. Bedrooms were personalised to people's individual taste. Bathrooms were designed to incorporate the needs of the people living at the home. A refurbishment plan was in place to address the damaged units in one of the dining rooms.

The provider worked closely with outside agencies and other stakeholders such as commissioners and social workers.

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.

The provider had introduced systems in place to manage more medicines safely.

Risks to people were assessed and control measures were recorded for staff support and guidance.

Staffing levels were appropriately to the needs of the people using the service.

Is the service effective?

Good

The service was effective.

Staff received regular supervision and an annual appraisal. Training needs were monitored, with courses arranged when necessary to keep staff up to date.

People received a varied healthy diet. Staff monitored people's nutritional needs on a regular basis.

Staff understood the principles of the Mental Capacity Act 2005. People were supported in the least restrictive way possible.

Is the service caring?

Good

The service was caring.

Staff demonstrated positive relationships with the people they supported.

People felt the staff supported them with dignity and respect.

The provider had information regarding advocacy which was available to people and their relatives.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and reviewed regularly. Any changes to need were reflected in the care plans.

People had access to a broad range of activities in the home and out in the community.

The provider had a complaints policy and procedure in place. People and relatives knew how to complain.

Is the service well-led?

Good

The service was well led.

People and relatives felt the service was well managed.

The provider had a comprehensive quality assurance system to monitor the quality and safety of the service.

The registered manager ensured the service had links with stakeholders and the local community.

Bishopsgate Lodge Care 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 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.

The inspection took place on 22 and 28 January 2019. The first day of the inspection was unannounced. This meant the provider did not know we were coming. The first day of the inspection was carried out by one adult social care inspector, 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 service. The second day of the inspection was carried out by one adult social care inspector.

Before the inspection we reviewed other information, we held about the service and the provider. This included statutory notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send to CQC within required timescales. We also contacted the local Healthwatch, the local authority commissioners for the service, the local authority safeguarding team and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our inspection we spoke with 12 people who lived at Bishopsgate Lodge. We spoke with the registered manager, area director, clinical lead, one nurse, the wellbeing coordinator, one senior carer, six care workers, ancillary staff and four health care professionals. We also spoke with four relatives of people who used the service.

We looked around the home and viewed a range of records about people's care and how the home was managed. These included the care records of seven people, medicine administration records of 15 people, recruitment records of two staff, training records and records in relation to the management of the service

Good

Is the service safe?

Our findings

When we last inspected Bishopsgate Lodge we found the provider had breached Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. We found people were not protected against the risks associated with the unsafe use and management of medicines.

At this inspection we found improvements had been made.

We observed the nurse completing a medicine round. In all cases infection control procedures were used with handwashing between each administration. The nurse and senior carer both checked medicine labels and medicine administration records (MAR) to ensure it was the correct medicine and dosage. MARs contained a recent photograph for identification purposes. MAR charts were completed correctly following administration. People were approached and supported taking their medicines. Where necessary, physical health checks were completed prior to administering certain medicines, such as heart tablets. We saw that time sensitive medicines were administered at the correct times. For example, medicine for Parkinson's disease and insulin. This meant the nurse understood the complexity of administering medicines safely.

Where people required 'as and when' medicines. We found detailed protocols were in place to give support and guidance for staff on when to administer these medicines. There people required medicine administered by a transdermal patch, the provider had put in place topical application records to indicate where the patch had been placed on the body. We found two people's current records had not been completed correctly. We discussed this with the registered manager who addressed this with staff and ensured the records were updated. We checked a further five records from previous months and found these to be fully completed.

Where medicines were to be given covertly (hidden). We observed the medicine was crushed in line with the instructions on the MAR. The medicine care plan contained multi-disciplinary meeting records, pharmacy advice and a record of the medicine review. A deprivation of liberty safeguards (DoLS) was also in place.

We found two relatives had brought in over the counter topical medicines for their family members. We found the medicine was recorded in the care plan, however no topical medicine administration record (TMAR) was in place. We discussed this with the registered manager and clinical lead. The registered manager advised the doctor had been consulted regarding the administration and no contra-indications were present. The clinical lead agreed to ensure TMARs would be put in place. This was completed during the inspection.

Staff had received training in the safe handling of medicines and had their competency to administer medicines safely checked on a regular basis.

People and relatives told us administration of medicines was safe. Comments included, "They are good, they bring them morning and night with water to take them", "They [nurse] take [person] sugar levels every day", "No problem with medication" and "I am a diabetic so I take medicine, they [nurse] bring them with

fruit juice to take them with."

People and relatives told us they felt safe in Bishopsgate Lodge. Comments included, "First class care, I am safe and secure here", "Yes, I feel safe enough", "You can lock your room door when you want" and "It's a good place, yes they [relative] are safe". Visiting community nurses told us they had no concerns about the home.

People had detailed risk assessments in place, which were reviewed regularly. Assessments covered areas such as skin integrity, choking and moving and handling risks. Control measures were in place for staff guidance, these were reviewed on a regular basis.

Staff files contained application forms, checks in employment gaps, interview documents and identity checks. New employees had also received clearance from the Disclosure and Barring Service (DBS) that they were able to work with vulnerable adults and that they could do so without restriction. We found the provider carried out regular checks on nurse's personal identification numbers (PIN). PIN is the number issued to nurses to prove they are registered with the Nursing and Midwifery Council and can practice as a nurse.

Policies and procedures were available for staff support and guidance, such as safeguarding and whistleblowing policies. We saw appropriate action had been taken following safeguarding incidents. Investigation records were in place, lessons learnt were discussed with staff at team meetings or supervisions.

Staff had received training in safeguarding which was refreshed on a regular basis. Staff were confident the manager would act on any concerns. Staff were clear about what constituted abuse and how they could recognise if someone was being abused.

Environmental risks were assessed and reviewed regularly to ensure safe working practices for staff, for example, to prevent slips, trips and falls.

We had mixed views from people about the staffing levels. Comments included, "If I buzz they come quickly", "I think they could do with a bit more, especially at night, but they seem to manage", "I never have a problem, plenty of them about." Staff commented they felt stretched at times. One relative told us, "I don't have any worries about levels, there is always someone about."

We spoke to the registered manager about the comments, who agreed sometimes the home could be busy. However, there were times when it was quieter. The registered manager told us, "I can increase the staff if need be and I have done, staff know that." We joined staff for a meeting and heard the registered manager discussing staffing levels, advising that she would increase the levels if it was needed. We found the provider used a dependency tool which included a review of people's needs to ensure the staffing levels in the home were at a safe level. During the inspection we found staff were visible in the home and buzzers were answered in a timely manner.

We found up to date records to demonstrate the provider ensured the maintenance of equipment used by people and in the service, was checked on a regular basis. Certificates were in place to reflect gas, electricity and fire systems were checked. Equipment used in moving and assisting was also checked along with wheelchairs, beds and bed rails.

A business continuity plan was in place to ensure staff had information and guidance in case of an

emergency. People had personal emergency evacuation plans in place that were available to staff. The registered manager kept an emergency grab bag in the reception area which contained a range of equipment staff may need in an emergency such as torches.

Infection control policies and procedures were in place. Staff had access to a supply of personal protective equipment. We observed ancillary staff within the home following a cleaning schedule to maintain a high standard of cleanliness. People commented their rooms were kept clean and tidy.

Good

Is the service effective?

Our findings

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
We found details of MCA assessments and the decision-making process with people being fully involved. Staff understood the importance of supporting people to make as many of their own decisions as possible. The provider had introduced documentation to ensure consent was gained from people to take their photographs, sharing information with other agencies and the use of bed rails. We found these were in place. Three consent forms were waiting to be signed. The registered manager advised this was in hand and staff would be discussing these with people and relatives.

Care records demonstrated how a person's physical, mental and social needs were assessed on admission to the home and then on a regular basis. Care records contained information which considered current legislation and national guidance when planning outcomes. For example, nutritional guidance from the NHS regarding nutrition was used in developing eating and drinking care plans with an outcome of providing a nutritionally balanced diet.

People and relatives, we spoke with felt staff were appropriately trained. Comments included, "Oh yes, absolutely I have no complaint about how they look after [person]" and "I need a lot of care and the girls know what to do, they do get trained a lot."

Staff had received training in essential areas such as moving and assisting, safeguarding and nutrition. We saw new staff received an induction and that training was planned throughout the year to ensure staff knowledge was current. Staff had access to regular supervision and an annual appraisal. Nurses were supported with clinical updates and clinical supervision. The clinical lead had the responsibility of supporting nursing staff.

Staff gave their views on the support given by the provider. Comments included, "Training is good, I enjoy it, they make it so you enjoy it", "For my induction it was about getting to know the environment, reading care plans" and "I have my appraisal with [registered manager] and every three months I do it with my staff. One girl wanted more responsibility so I organised for her to see how to do the ordering [medicines]"

We had our lunch with people in the dining room which was spacious and airy. Tables were set with tablecloths and condiments. Menus were available. People were offered a small sherry before their meal. It was clear from the chatter and laughter at lunch time that mealtimes were relaxed and informal. People told

us, and we could see for ourselves, that they could choose what to eat from a choice of freshly prepared food. Comments included, "The food is alright and you get a choice", "Food is very good and you get a lot of choice", "The snacks are good throughout the day. I can't grumble" and "My relative is on a soft diet, she likes her breakfast, I'd say she is very happy with the food here."

Nutritional needs were assessed and where appropriate, plans were in place to support people with their dietary needs. For example, diets with specific consistencies such as pureed food and thickened fluids. We saw staff supporting people in a safe manner. Staff gave a choice of meal and where an alternative was requested, this was provided. Staff made sure people had access to fluids throughout the meal, asking if they wanted tea, milk or juice, often asking if people wanted a refill.

People told us they had access to health care professionals when they needed them. Comments included, "If you want a doctor you can see him and they arrange that", They are good at arranging appointments" and "They are good at arranging the dentist and hospital." Care files contained records to identify when professionals had been requested by the home. For example, referrals to community nurses. One visiting mental health nurse advised they had requested physical health reviews which had been acted on. Another health care professional told us, "I have no concerns about the home, always get in touch if they need us."

People had access to communal areas. We found lots of space for activities and for people to spend time together with relatives and friends. Signage was in place to support people with orientation. We noted and mentioned to staff that a couple of the clocks in the home were not set at the right time so they could be put right.

Bedrooms were personalised to people's individual taste, containing personal effects and pieces of furniture making them homely and familiar. Bathrooms were designed to incorporate the needs of the people living at the home. Facilities were large enough to accommodate wheelchairs and other mobility equipment. A refurbishment plan was in place to address some areas of wear and tear.

Good

Is the service caring?

Our findings

People and relatives, we spoke with felt the service was caring. Comments included, "They're helpful, I can't fault them", "They are good staff, helpful, kind and considerate", "There is kindness and compassion, they are all nice girls" and "When I first came here they gave me a cup of tea. They always say hello and good morning".

People also passed comment on the atmosphere in Bishopsgate Lodge. Comments included, "It is a nice place to live", "There is a lovely atmosphere here" and "Each lounge to go into there is something different."

We observed numerous examples of kind and compassionate care, with staff promoting privacy and dignity. People told us this was upheld throughout the home. One person told us, "Privacy and dignity? Yes, they always ask if I want help and ask my permission before they give me personal care." A relative said, "They do demonstrate privacy and dignity, [person] is private, and has her own room."

We saw one person who was becoming upset. Staff immediately responded and sat next to them, gently holding the person's hand and giving reassurance. The person soon started to smile and became more settled. During lunch time we observed staff supporting one person living with dementia to be independent throughout the meal with the assumption that they could eat and drink independently. Support was only offered when appropriate by guiding the person's hand helping them to eat.

We observed staff knocked on people's doors and waited to be invited in. We observed positive relationships between people and staff. There was lots of laughter in the home and people reacted in a positive manner with staff and people smiling and chatting together. Staff told us they had taken time to get to know the people they supported by reading care records and spending quality time with them. Staff were aware of people's communicative needs and could meaningfully engage with people. It was clear staff knew people well and understood their gestures, body language and facial expressions.

People were given support that was set at their own pace and interventions were not rushed. We observed staff supporting people to get up from chairs, taking the time to allow them to shuffle forward in the chair before standing with mobility equipment. All the staff we spoke with showed genuine interest in people's wellbeing. Checking in with them on passing by. Often asking, "Are you OK, is there anything you need?" People told us they liked the fact staff stopped to chat. We observed one member of staff who stopped to chat with one person, this ended up being a lively and humorous conversation which both the person and the staff member enjoyed. When the staff member left. The person told me, "I just love her, you know when someone cares for you, it is genuine from her."

We saw staff also had a good relationship with those who visited the home, staff were open and welcoming offering tea or a coffee. One relative told us, "I've been coming for three years. I am never away from the place. It's a lovely home and everyone seems happy". Another said, "Oh visitors are welcome. They all know me and offer me a cup of tea."

Arrangements were in place to meet people's spiritual and cultural needs. Comments from people included, "There is a service once a month but I don't go", "A lass comes from the Catholic Church. She sits and talks to my relative", "We go to the Church and play games, and they come here too" and "It is important to me to watch the remembrance service, the television is put on for me in the lounge."

People were supported to express their views and make decisions about their care. Staff asked people throughout the day what they would like to do, where they would like to sit and whether there was anything they needed.

People's rights were respected and protected. They had developed good links with advocacy services and supported people to use these.

Good

Is the service responsive?

Our findings

People and relatives told us they or their loved ones received personalised care. Comments included, "I have everything done the way I want", "We sat together to do them (care plans) when I first came in" and "We are involved in any changes and the staff keep us up to date."

People had detailed care plans which were reviewed every month. The person using the service and people important to them were involved in setting up the plan of care. Care plans clearly illustrated people's needs and wishes and were extremely detailed. They included information about the person's background, interests and hobbies and what staff should consider when delivering their care. We found where people were living with dementia the care plans contained detailed information for staff in terms of behaviours that may challenge and strategies to support people at such times.

Care plans were concise and easy to follow, whilst daily notes were comprehensive and in line with any guidance offered by healthcare specialists. We saw people's rights were protected and promoted through care planning, for example, we saw people were supported to practise their religion through regular services held in the home.

When people were nearing the end of their lives we found staff responded by providing a level of care and support which was in line with people's wishes. Several compliments had been received from relatives who wanted to thank the staff. Comments included, "Thank you for all the care and support" and "Thanks to all the staff for your kindness".

The service protected people from the risks of social isolation and recognised the importance of feeling recognised, social contact, friendships and family contact. We saw staff spending time with people in their rooms or having a chat in the communal areas. Visitors were welcomed with beverages offered and a kind word exchanged.

People told us they had access to a range of activities both inside the home and in the community. Comments included, "I exercise twice a week, the armchair exercises. I also go out on the trips, been to Seaton Carew for fish and chips", "On a Thursday we go out on a bus, we always come back through nice countryside", "I'm happy, I have never had such a social life since I arrived here" and "I don't join in activities, though they keep asking me to join in." Other activities included, bingo, singing, entertainers coming into the home, arts and crafts and planning for celebrations such as Christmas and Easter.

To enhance the social interaction for people, the registered provider told us about the local nursery school visits. This is a project instigated by a Channel 4 documentary about children visiting care homes. The registered manger told us, "It is absolutely fabulous, to see the little ones come in, there are so many smiling faces it is just lovely. The residents love to see them." We found the local newspaper had been to the home and reported on the project, the pictures demonstrated how much people were enjoying the children's visit. One person told us, "Oh my goodness they are adorable, it is a great idea."

The provider complied with the Accessible Information Standard. Information was available to people in a range of formats. We found written and pictorial notices in place for people. The registered manager advised any information could be obtained in different languages if necessary. We heard staff explaining things to people in a way they could understand.

We found the provider used technology in providing support for people. Sensor equipment was in place for people at risk of falls. Staff supported people to contact family by using FaceTime. The provider had purchased a voice activated device so people and staff could ask it to put on music. The registered manager told us of the provider's plans to use tablets or iPads to enable people to contact relatives and friends.

The provider had a complaints policy and procedure which was accessible to people and relatives. We found complaints were investigated and a response sent to the complainant. Any lessons learnt from complaints were discussed with staff at flash meetings, team meetings or supervisions. People and relatives knew how to raise a concern or complaint.

We found 'people and relatives'' meetings were held regularly and formed another channel through which the provider could gather feedback about the service. Detailed minutes of these meetings showed that a variety of subjects were discussed such as training, updates and health and safety.

Good

Is the service well-led?

Our findings

People and relatives told us they felt the management in the home was good. Comments included, "Oh, always a smile and a hello", "She is always about, calls in to say morning" and "We have spoken to her about [person], always helpful."

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. They had recently completed their fit person interview and were awaiting their registration certificate.

The registered manager had worked at Bishopsgate Lodge for many years. Starting as a carer before progressing to a senior carers position. They had then worked in another HC One service as a deputy manager before applying and being successful in obtaining the position at Bishopsgate Lodge. Since commencing in post in October 2018, the registered manager had spent time focusing on developing a strong and visible person-centred culture in the service. They were passionate about providing quality care for the people living in the home. The registered manager told us, "I want this to be a home that residents want to come. It is their home and that is why we are all here."

Staff also gave extremely positive comments about the registered manager. Comments included, "The best manager I have ever had, she is amazing. She is grass roots from a carer to a senior and now manager. I have been here for 14 years, this home deserves her", "We can go to her, she listens and is very supportive" and "No problems at all, she is nice."

The provider had a 'Resident of the day' scheme in place. This focussed on the specific review of one person's care and support needs, in addition to the usual monthly review process. This involved liaising with health care professionals and staff at the home to ensure care and support was being delivered in line with expectations. All departments of the home were involved such as catering staff and ancillary staff to ensure the review was a holistic view.

The provider had a system to monitor the quality of the service. The system covered all aspects of service delivery including audits of medicines, infection control, and care records. The audits also provided evidence to demonstrate what action had been taken if an issue in practice was identified and when it was addressed. The provider had a rolling home improvement plan where audit findings were actioned. We found where actions were completed, these were reviewed as part of the quality assurance system.

The provider had a system in place to capture the views and opinions of people, relative and visitors. Questionnaires were sent out on an annual basis. The results were then analysed and any actions were addressed. We spoke with people regarding how the home gained feedback. Comments included, "Yes, I have a questionnaire to fill in, they are good at communicating", "I have not filled in any surveys or questionnaires" and "Yes you get feedback cards regularly and I fill them in."

The registered manager was supported by a clinical lead who was responsible for overseeing the nursing

aspect of the service. The area director also visited the home on a regular basis to carry out provider visits where the quality assurance process was reviewed and discussed with the registered manager. We spoke to the area director who told us, "I am always here for [registered manager] she is doing a really good job with Bishopsgate. We had some work to do and will continue to do more to develop the home".

There were plans in place to develop care staff further. The registered manager told us that care workers who were interested, would be commencing the health care assistant programme. This role supports the nurses in the home by carrying out less complex tasks such as blood glucose monitoring, simple dressings and blood pressure recording.

Policies and procedures were accessible for staff if they wished to refer to them. We found head office ensured these were reviewed regularly to keep up to date with legislation and best practice.

The registered manager carried out daily walk-rounds of the home and held a daily flash meeting with heads of department to discuss any issues and receive updates on the service. We joined the registered manager and staff at one of the flash meetings. The registered manager chaired the meeting and demonstrated an open approach with staff encouraging them to participate fully.

The registered manager worked in partnership with the local authority commissioners and safeguarding team and the clinical commissioning group (CCG). We also found links with the local community, churches and schools.

The registered provider ensured notifications were submitted to CQC as part their regulatory responsibilities. Information was held securely and only accessible to staff authorised to access them.

The provider demonstrated they valued the staff in Bishopsgate Lodge. The provider ran an award scheme for staff who went above and beyond. We saw that staff, relatives and people nominated staff for these awards. Staff were presented with a certificate which set out the reasons why they won the award as well as a £50 gift voucher. One member of staff told us, "I got a kindness in care award. A few people had nominated me and said I had given 100% to my job and was doing what I needed to do. I have a badge, I wear it every day I'm in work."