Alina Homecare Ltd

Alina Homecare Emsworth

Inspection report

Unit 12D
Wren Centre, Westbourne Road
Emsworth
Hampshire
PO10 7SU

Tel: 01243680222
Website: www.alinahomecare.com

Date of inspection visit:
19 September 2018

Date of publication:
23 November 2018

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We conducted a comprehensive inspection on 19 September 2018.

We gave 48 hours' notice of our intention to visit Alina Homecare office to make sure people we needed to speak with were available. Alina Homecare Emsworth is a domiciliary care agency that provides personal care to people living in their own houses and flats in the community. People using the service had a range of needs such as learning and/or physical disabilities and dementia. At the time of our inspection there were 38 people whose personal care and support came under the scope of this inspection.

Not everyone using Alina Homecare Emsworth received the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was 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.

People were not always protected by the principles of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions.

We recommended the provider researches and implements best practice guidance to ensure decisions made in people's best interest are appropriately considered and recorded.

People told us they felt safe. Comments included, "Oh gosh, I feel absolutely safe with them. They are really lovely carers" and, "Absolutely safe with them all. No question about it they are excellent girls". Care workers underwent appropriate recruitment checks before they started to work at the service. People were supported to maintain good health and be involved in decisions about their health. They were provided with personalised care and support.
People had their needs assessed across a wide range of areas and care plans included guidance about meeting these needs.

Staff had the knowledge and skills to carry out their roles and their training was updated annually. People were positive about the care they received.

Staff had completed safeguarding adults training and knew how to keep people safe and report concerns. People's medicines were safely managed.

There were thorough recruitment checks completed to help ensure suitable staff were employed to care and support people.

People were encouraged to make choices about their care and support and to be as independent as possible.

People felt they would be listened to if they needed to complain or raise concerns. The registered manager appropriately investigated complaints, compliments and incidents. People had access to an accessible complaints procedure. A complaints policy was also available to staff and families.

Staff were recruited safely. There were enough staff to provide people with the care and support that they needed at all times.

The Accessible Information standard was understood by the management team. Sufficient staff had been deployed to meet people's needs and staff had completed training on infection control and knew where to access the policy.

The registered managers sought feedback from people using the service, as well as staff, relatives and health professionals. Feedback was then used to make positive adaptions to the service.

People's information was kept securely and staff respected people's privacy, dignity and confidentiality.

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.

Staff were aware of the correct procedure to report medicine errors and did so promptly.

Care workers had been recruited safely. They underwent appropriate recruitment checks before they started to work at the service.

The service had processes in place to reduce the risk of infection and cross contamination.

Is the service effective?

Requires Improvement

The service was not always effective.

People were not always protected by the principles of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions.

People's needs had been assessed before they started to use the service. Care plans included guidance about meeting these needs.

Care workers received an induction before they could provide care to people. Regular training and support were provided continuously.

Care workers received three monthly supervisions, debriefs as required and an annual appraisal.

Care workers received three monthly supervisions, debriefs as required and an annual appraisal.

Is the service caring?

Good

The service was caring.

They understood the importance of treating people fairly, regardless of differences.

People were encouraged to be involved in their care and their independence was supported.

The service recognised people's rights to privacy and confidentiality.

Is the service responsive?

Good

The service was responsive.

People told us that they received personalised care that met their needs.

Regular reviews took place and people were invited to be fully involved in this.

There was a process in place to deal with any complaints or concerns if they were raised. People told us they knew how to complain but had not needed to.

Is the service well-led?

Good

The service was well-led.

Governance systems were effective in driving improvement and monitoring the quality of care provided.

People who used the service and staff told us the service had effective leadership and they could approach the registered manager or the office with any concerns.

Regular staff meetings took place and quality assurance surveys showed positive feedback about the service.

Alina Homecare Emsworth

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 was a comprehensive inspection. The inspection was carried out by one inspector and one Expert by Experience and took place on 19 September 2018. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection was announced. We gave the service 48 hours' notice of the inspection visit because the service provides a domiciliary care service and we need to be sure the registered manager was there.

Before this inspection we reviewed information, we held about the service including notifications. A notification is a report about important events which the service is required to send us by law.
After our visit to the office we contacted seven people who used the service and four members of staff by telephone and email.

We spoke with the registered manager, the business support manager, the quality manager, the field care supervisor and one care worker during our inspection visit.

We reviewed three care records and associated documents for people who received personal care. We reviewed other records relating to the management of the service, including quality survey questionnaire forms, audit reports, training records, policies, procedures, and four staff records. We also reviewed the providers recruitment practices and medicine files relating to four people.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included, "Oh gosh, I feel absolutely safe with them. They are really lovely carers" and, "Absolutely safe with them all. No question about it they are excellent girls". People told us in an emergency they would ring the office.

There were clear policies and procedures in place for supporting people with their medicines. People told us they were prompted to take their medicines however they took it themselves. Regular auditing was carried out to ensure staff were guiding people properly and management conducted frequent competency assessments as part of staff's learning and development. A clear procedure was in place to guide staff on action to be taken if an error occurred, this included seeking medical advice and carrying out a review to identify any measures that could be put in place to reduce the likelihood of a reoccurrence.

Sufficient staff had been deployed to meet people's needs. At the time of our inspection there were 17 staff employed to care for 38 people. The service manager told us, "When we go out [to assess people] paperwork [we receive] will say they need one carer, if they have equipment we ask for an OT (occupational therapist) assessment to advise on staffing levels, we do our own assessment as well." Rotas demonstrated sufficient staff were in place to meet people's needs, however, on three occasions records demonstrated that staff had either failed to attend their visit or failed to subsequently administer medicines. Records were not always effectively completed however the registered manager was able to demonstrate that the appropriate action had been taken. For example, when a staff member forgot to administer medicines they were asked to write a statement and was booked to do their medicine refresher training. The GP was contacted and next of kin were informed.

People and staff were generally positive about the number of suitably skilled, qualified and experienced staff available to meet people's needs. Peoples comments included, "Yes I think they have enough staff, they never let me down" and, "They always manage to cover if staff are off sick or on holiday." Other people told us, "Usually, yes. [enough staff] They do struggle sometimes if staff are off sick, things like that and at weekends" and, "They seem to have enough staff. The only problem is they can arrive at different times to my rota." Staff comments included, "Yes I manage my calls ok" and "It is workable, yes." However, one member of staff told us, "It is sometimes hard to juggle work and home life. I think the rotas could be made a bit more manageable if they asked what we can do rather than just put us down for calls." The registered manager told us, "It's always an uphill struggle, [two office staff] are trained as am I, we can also use staff from a neighbouring office."

The provider had effective systems in place to identify and manage risk. For example, people had a range of risk assessments in place for a variety of situations including medication management, isolation, mental health, slips trips and falls, finances, dehydration and malnutrition. There was information to guide staff members when delivering support to people, including how to reduce identified risks. For example, one person was at risk of falls. There was a care plan and risk assessment in place which covered, environment and ensuring items were placed away to reduce the risk of slip, trip and fall hazards. Risk assessments were reviewed on a regular basis, which ensured people's safety and wellbeing were monitored and managed

appropriately. The registered manager told us, "[We assess risk] In assessment process and risk assessments. We assess mental capacity and use of bedrails and information from families and other professionals and district nurse. We have specialist input from other people."

The provider had assessed the risks associated with lone working. For example, each staff member had a detailed environmental risk assessment which detailed potential hazards such as parking, sudden illness and on-call. The registered manager told us, "ECM monitoring helps, staff text on call when finished calls". Electronic call monitoring (ECM) is a system which enables providers to log start and finish times of each staff member.

There were safeguarding systems and processes to support care workers to understand their role and responsibilities to protect people from avoidable harm. Care workers had received safeguarding training. The provider had an up to date safeguarding policy that detailed definitions of abuse and actions they should take if they suspected abuse. The provider had an up to date whistle blowing policy. We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff told us they are aware of the complaints procedure and the grievance procedure if they have a problem. Comments from staff included, "Yes definitely, I would raise any concerns I have with management" and "Yes I would be happy speaking out if I had any worries about anything." The whistleblowing policy stated 'Alina Homecare has always recognised that staff are the people most likely to observe and be in a position to report on bad practice. We have an atmosphere of open communication and commitment to high standards of work, within which criticisms can be frankly made and thoroughly investigated.'

Safe recruitment processes were in place. Staff files contained all of the information required to aid safe recruitment decisions. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions. The registered manager told us any DBS checks which recorded any convictions were risk assessed in line with the providers policies and procedures. Staff confirmed that they had DBS checks. These checks helped to ensure only suitable applicants were offered work with the service.

There was a process in place to monitor any accidents and incidents. Care workers confirmed they would report all incidents to the office. The quality manager explained all accidents were logged centrally to ensure management oversight over any emerging trends. There was evidence that accidents and incidents were discussed in staff and management meetings to identify any trends, such as falls and to ensure appropriate action had been taken.

Staff were knowledgeable about the risks associated with infection control. Care workers had completed training in infection control prevention. There was an infection control policy which provided guidance in line with national guidance from the National Institute for Clinical Excellence (NICE) guideline 2012: Preventing infections in people having treatment and care at home or in the community. Staff told us they have access personal protective equipment (PPE) including gloves, aprons and foot covers however they tend to buy their own hand gel. People told us staff wear gloves and aprons.

Requires Improvement

Is the service effective?

Our findings

People told us that the support they received was effective. A person told us, "They do know me well and how I like things doing… they just get on with it now" and, "They always ask if there is anything else I need doing before they go." A staff member told us, "We follow care plans and regularly check to make sure they have been updated, especially if needs have changed." However, despite people's positive feedback, we identified areas of care which were not consistently effective.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found people's mental capacity had been assessed and staff were aware of how this impacted on people who used the service. Staff were knowledgeable about the MCA and decisions being made in people's best interest if they lacked capacity to make a specific decision or choice. However, the service had not always carried out best interest decisions for people using the service in particular in relation to people living with dementia who did not have lasting power of attorney in place (LPA). We spoke to the registered manager about this and they told us that it was difficult to get professionals to hold the best interest meetings. The registered manager told us "We assume everyone has capacity unless proved otherwise, we now do an MCA checklist, we need to do best interest meetings ourselves in future."

We recommended the provider researches and implements best practice guidance to ensure decisions made in people's best interest are appropriately considered and recorded.

New staff undertook a period of induction before they were assessed as competent to work on their own. Documents demonstrated that the induction incorporated the Care Certificate. This certificate is designed for new and existing staff, setting out the learning outcomes, competencies and standards of care that are expected to be upheld. New staff shadowed established staff for a minimum period of three days or until they felt confident which in some cases was significantly longer than three days. This demonstrated that the registered manager ensured that care staff were fully prepared prior to making lone visits.

Documents demonstrated that there was on-going essential training, including administration of medicines, fire safety, first aid, food hygiene and nutrition, health and safety, infection control, mental capacity, moving people safely and safeguarding adults. Records confirmed care workers were up to date with all of their training. Staff comments included, "Yes I do feel I have enough training. It is ongoing. I have covered medicines, safeguarding, MCA and H&S. I have just done a refresher course", "I have just got my care certificate and done my refresher training" and, "Yes, I have enough training. It includes safeguarding and infection control." We asked people if they thought staff were well trained and competent. Their comments included, "I think they are very well trained. They are excellent carers", "They are well trained and competent. They know exactly what to do" and "Yes they are all brilliant, I am very happy with them."

People's needs had been assessed before they started to use the service. Assessments covered areas such as nutrition, moving and handling, communication, health and safety, and relevant medical conditions. Care plans included guidance about meeting these needs. People gave us positive feedback about how the service was meeting their needs. People told us, "They usually get my breakfast for me when they have got me up" and, "They know how I like things doing and my likes and dislikes." Staff told us, "There are care plans in their records and we do follow them" and, "Yes we make sure we follow care plans and do everything needed."

We heard staff in the office, making and receiving telephone calls from people, they demonstrated good communication skills and empathy and their approach to people demonstrated that they cared and had the knowledge and skills to undertake their role. People told us told us that they felt staff are well trained and able to support people in the way they would like. They said, "Definitely, they know me well now and I know them," and "Yes they know how I like things doing and my likes and dislikes" and, "Yes they do know me well and it doesn't take long for any new ones to get used to me either."

Staff told us that supervisions and appraisals were valuable and useful in measuring their own development. There are processes which offer support, assurances and learning to help staff development. Support for staff was achieved through individual supervision sessions and an annual appraisal. A staff member told us, "[Supervisions] three monthly, it is useful to be able to talk things through." The registered manager told us that supervisions were three monthly and staff had access to supervisions following sick absence and when a debrief is needed.

People's care records showed their day to day health needs were being met. People had access to their own GP and hospital professionals. Records demonstrated that people were supported to also access other specialist services such as dietician and dental services. People comments included, "Yes they take me to doctor's appointments when I need them to" and, "They will ring the doctors for me to order prescriptions or make an appointment." Documents demonstrated people had access to primary health care, for example, support plans included GP contact information, pharmacy contact details as well as detailing identified risks.

Staff supported one person with their food and drinks. Staff knew to contact the office if people did not eat or drink enough or they had any other concerns in relation to eating and drinking. However, this person's support plan was not sufficiently robust enough to enable new staff to confidently support this person effectively. We spoke to the registered manager about this and they immediately arranged for a reassessment of their food and nutrition support plan. This reassessment took place face to face with the person and was completed on the day of the inspection. This demonstrated that the registered manager took immediate steps to ensure the plan was reviewed and updated to enable staff to deliver effective support.

Good

Is the service caring?

Our findings

People told us the service was caring. People's comments included, "Yes they are really lovely people. They know if I am not feeling very well and always listen to me", "They are all very kind girls. Very caring and go the extra mile", "Yes, they are really good to me and they are observant too. They know if I am not myself." and, "They are all very friendly and helpful. They talk to me all the time they are here and we have a laugh." A relative had written to thank staff at Alina Home Care they wrote 'We owe a huge debt of gratitude to you all, please pass on our grateful thanks for their [staff] care."

Care workers were knowledgeable about people's preferences. People's care records contained their profiles, which recorded key information about their care. This included people's likes and dislikes, gender, hobbies and enjoyment, culture, religion and their working life. This information enabled care workers to involve people as they wished to be. As a result, we saw that rotas were organised so that people received care, as much as possible, from regular care workers. For example, documents demonstrated that some people had a preference for particular staff, this had been accommodated wherever possible by the registered manager. People's comments included. "They always respect my dignity when they help me have a bath." And, "They are very good, they wash my legs because I can't bend down." and, "The girls leave me with [continence aids] at night. They are very thoughtful like that."

Staff had a good understanding of protecting and respecting people's human rights. They had received equality and diversity training. They understood the importance of treating people fairly, regardless of differences. People received care and support which reflected their diverse needs in relation to the seven protected characteristics of the Equalities Act 2010. The characteristics of the Act include age, disability, gender, marital status, race, religion and sexual orientation. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this. The registered manager told us, "They would be, [cultural preferences accommodated], we don't have anyone here but it would make no difference. There is nothing else we do at the moment." and, "Just because someone is different they are not wrong, no one thing that fits every size, offering people the same chances." Staff comments included, "I make sure everyone I visit is treated equally and do my best to make sure they have all their needs met." and, "It is not a one fit for all people, they all need different things at different times and I am as flexible as I can be"

There were arrangements for gaining access to people's homes, whilst maintaining privacy and ensuring people's safety. People told us care workers knocked on doors before entering their homes. Staff told us that they enabled people to be as independent as possible. Their comments included, "I encourage people to do as much as possible for themselves. When I provide personal care, I make sure curtains and doors are closed and the person is not left uncovered", "If someone needs the commode I make sure they are covered with a towel" and, "I do let people do as much for themselves as they feel comfortable with e.g. washing themselves. If someone needs the commode, I wait outside until they have finished." Peoples' comments included, "Yes they do [enable me to be as independent as possible] I try to be independent anyway, as much as possible" and "I wash as much as possible myself and then they will do my feet and legs for me."

We saw sensitive personal information was stored securely. Care records were stored securely in locked cabinets in the office and, electronically. People's records showed their permission was sought before their confidential information was shared with other healthcare professionals and we saw this documented in care files. For example, each support file contained a document which demonstrated consent to share and was signed by people where they agreed. This meant people could be assured their sensitive information was treated confidentially, carefully and in line with the General Data Protection Regulations (GDPR) law. The GDPR law came into effect on 25 May 2018. It is Europe's new framework for data protection laws. It replaced the previous 1995 data protection directive.

Good

Is the service responsive?

Our findings

People told us the service provided was flexible and responsive in meeting their needs. One person told us, "I did complain a long time ago, about one of the carers. I was very satisfied, they sorted it straight away." Another person told us, "I just asked if they could come a bit earlier in the morning as I take water tablets and need the toilet. They obliged straight away."

Staff were knowledgeable about people's needs. They knew people well and could describe to us how people liked to be supported. Care workers told us they had been allocated to the same people, which helped them to be more familiarised with people's individual needs. We asked people if they received visits from the same care workers. Overall people reported that they had regular care workers. People's comments included, "Yes I have the same ones usually.", "I do have different ones but am very happy with them all. I get on with all of them and I soon get used to new ones" and, "I have the same ones, they vary on different days but I know them all."

The provider kept a complaints and compliments record. People and relatives told us they knew how and who to raise a concern or complaint with. The complaints procedure gave people timescales for action and who in the organisation to contact. The procedure also gave details of who to complain to outside of the organisation, such as the CQC should people choose to do this. This showed that people were provided with important information to promote their rights and choices.

People told us that if they were unhappy they would not hesitate in speaking with the staff or the office. People told us, "I would know how to complain but have never had the need to" and, "I would ring the manager but have never needed to complain about anything with them" Formal complaints had been appropriately investigated by the registered manager. Complaint records demonstrated the registered manager had responded appropriately and in reasonable time.

People said they received help and assistance they required from the staff at Alina Homecare. One person told us they had a care plan and that staff looked at it all the time." Records demonstrated that they were regularly reviewed and updated. A staff member told us, "We follow care plans and regularly check to make sure they have been updated, especially if needs have changed."

The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard (AIS). The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People were provided with a written and accessible information as required, the quality manager told us accessible information was produced in braille, electronic or easy read as required by individuals. Each person's preferred method of communication was highlighted in their care plans, which showed people's communication needs had been considered.

For each person there was a care plan that was compiled following an initial assessment of the person's

needs. The care plans detailed the specific needs of each person and how they would like their care to be provided. Regular updates and reviews of care plans were completed by carers and senior staff. This meant staff could easily see what the person's individual needs and preferences were. Care plans were signed by people agreeing to their care and support. We saw documented evidence that staff support access to doctors and ambulances when people required medical assistance."

At each visit staff completed a record of their visit detailing the date of the visit, tasks and services carried out, concerns or changes in health or behaviour and action taken in response to this. Records we looked at showed visits to people were at the times they had requested and staff stayed the agreed length of time at each visit.

Good

Is the service well-led?

Our findings

People told us the service they received was well-led. People spoken with told us they were in regular contact with the registered manager and other office staff. People told us they were happy with the service and the management were approachable. Their comments included, "Yes I think it is very well managed all round", "Yes I think they are an excellent company" and, "It all seems to run very smoothly so yes I would say it is well managed." One person told us, "Yes I know (manager). She sometimes comes to help and is very helpful." However, three people told us they did not know the manager but that everyone in the office is very helpful and that keep them informed of any changes.

Documents demonstrated that on three occasions, visits and subsequently medicine administration had been omitted. Two of these medicine omissions had been reported to the local authority safeguarding team, one had not been reported appropriately. We spoke to the registered manager about this and they assured us that this had been an administrative error, they immediately took steps to rectify this and completed this during the inspection. Following the inspection, they provided us with details of the action they took to ensure this did not occur again. This included, 'Quality manager has agreed to arrange training sessions the first one being held on Monday 1st October 2018 for all office staff to double check everyone is fully aware of the process when incidents are received and the actions that are required to ensure this isolated incident is not repeated. Current office staff have already been briefed in the process whilst awaiting the training next Monday. The process will also be included in the office staff induction.'

The registered manager and quality manager had systems in place to monitor and improve the quality of the service provided. Monthly monitoring of the service included looking at such things as support planning, risk assessments, consent, signature records, equipment and review frequency. We saw monthly medicine's audits completed by the registered manager or the deputy manager.
Notifications and minutes from care reviews demonstrated the provider worked effectively with healthcare professionals.

People who used the service told us they were encouraged to give feedback about the quality of the service. Every year people and their family members were asked to complete a quality assurance survey. When these were returned feedback was analysed by the quality team. We looked at the results of the last quality assurance surveys and saw people had responded very positively. The results showed that people were happy with the support they received. Some of the comments included "Completely satisfied with care.", "Good helpful carers, good office staff, kindness & understanding and trying to meet people's needs.", "The carers seem well trained. They all look at the care plan and follow what is written there which is excellent. They all seem to show care and respect to their customers and make an effort to communicate fully with them." and, "Anything I ask I get or am helped with can rely upon carers. Always helpful, kind, caring, always look forward to visits."

Observations of interactions between the registered manager and staff showed they were inclusive and positive. All staff spoke of a strong commitment to providing a good quality service for people who used the service. We received some feedback that the service was not always well managed. We saw from the team

meeting minutes that these concerns had been addressed. For example, an extract from a team meeting reads 'We are looking at how we roster calls and where customers live in relation to where staff live. This is going to be an on-going piece of work as it is not something we can rectify overnight but I would just like to reassure staff that we are looking at this closely and aiming to make changes as soon as we are able.' This demonstrates that the registered manager has listened to concerns and has put plans in place to address them.

Staff had the opportunity to attend two team meetings in 2018 and received regular supervisions to ensure they were provided with an opportunity to give their views on how the service was run. A quarterly quality committee briefing is shared with the staff. These had important information such as reviews of complaints and safeguarding concerns for themes, updates on recent inspections, and audits. It also had information about GDPR and training for staff.

There was a system in place to provide an overview of staff training, supervisions and appraisals, which meant it was easy to identify the staff that required refresher training and on which dates staff were due supervision and appraisal. Staff comments included, "I had induction training. I have regular appraisals and support and development meetings every six weeks" and "[I have] regular supervision meetings." Another staff member told us, "[The] registered manager is very supportive, always available, if I have an issue I feel confident going to her, I know if I or a client has a problem she'll sort it, she is kind as well."

We saw there were policies and procedures in place to guide staff in all aspects of their work. There was information in the registered office regarding such things as MCA, the care certificate, health and safety poster, as well as information about what good looks like. We saw a poster reminding staff about the use of gloves and aprons.