Linksmax Limited

Fairview Court 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

This inspection took place on 4 and 5 February 2016 and was unannounced. The service is registered to provide personal and nursing care for up to 49 people and specialises in the care of people living with dementia. The service also looked after people with general nursing care needs. Five of the beds (called pathway beds) were used by community health services to prevent hospital admissions or for rehabilitation after hospital care and before discharge home or on to another care service. The home is a purpose built care home with facilities spread over three floors. All floors are fully accessible and all bedrooms are for single occupancy. At the time of our inspection there were 49 people living in the home.

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.

All staff received safeguarding adults training and the team were knowledgeable about safeguarding issues. When concerns had been raised regarding a person's welfare, the appropriate actions had been taken to prevent further harm. The service and registered manager had worked well with the local authority safeguarding team. Safe recruitment procedures were followed to ensure that only suitable staff were employed. The appropriate steps were in place to protect people from being harmed.

A range of risk assessments were completed for each person and appropriate management plans were in place. Specific risk assessments were in place on an individual basis. Medicines were administered to people safely. The premises were well maintained and regular maintenance checks were completed.

Staffing numbers were adjusted and based upon the care and support needs of each person in residence. All staff felt that the staffing numbers were appropriate and they were able to meet people's needs. The staff teams worked well together and although tended to work on designated floors, they helped their colleagues out whenever was required. People were safe because the staffing levels were sufficient.

All staff completed a programme of essential training to enable them to carry out their roles and responsibilities. New staff completed an induction training programme and there was a programme of refresher training for the rest of the staff. Care staff were encouraged to complete nationally recognised qualifications in health and social care.

People were supported to make their own choices and decisions where possible. Where people lacked the capacity to make decisions, assessments were recorded of best interest decisions. We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards.

People were provided with enough food and drink. People's individual dietary requirements were met. Those people who did not eat well were monitored and were provided with fortified food. There were

measures in place to reduce or eliminate the risk of malnutrition or dehydration. Arrangements were made for people to see their GP and other healthcare professionals when they needed to.

The staff team had good working relationships with the people they were looking after and also with their families and friends. People were given the opportunity to take part in a range of different meaningful activities. There were group activities and external entertainers visited the service, but also staff were able to spend one to one time with people who were bed bound.

Assessment and care planning arrangements ensured people were provided with personalised care that met their own individual needs. Accurate care records were maintained which evidenced the support each person received. Communication between staff handing over to the next shift ensured the on-going healthcare needs of people were met appropriately.

There was a staffing structure in place and all staff were provided with good leadership. Regular staff meetings were held in order to keep all staff up to date with changes and developments in the service.

The registered provider had a regular programme of audits in place which ensured that the quality and safety of the service was checked. These checks were completed on a daily, weekly or monthly basis.

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.

People received care from staff who were trained in safeguarding and recognised abuse. Recruitment procedures for new employees were safe and ensured unsuitable staff could not be employed.

Any risks to people's health and welfare were well managed and the premises were well maintained and kept safe. People's medicines were being managed safely.

The numbers of staff on duty were calculated based on the collective and individual needs of people in residence. There were enough staff to keep people safe.

Is the service effective?

Good

The service was effective.

People were looked after by staff who were well trained and well supported to carry out their jobs.

Staff sought consent from people before helping them. The service was aware of the principles of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.

People were provided with sufficient food and drink. They were supported to make choices about what they ate and drank. People were supported to see their GP and other healthcare professionals when they needed to

Is the service caring?

Good

The service was caring.
People were treated with respect and kindness and were at ease with the staff who were looking after them.

The care staff had good relationships with people and talked respectfully about the people they looked after.

Is the service responsive?

Good

The service was responsive.

People received the care and support that met their specific needs. Care planning documentation provided an accurate and detailed account of what support was needed and how this was to be provided.

People were able to participate in a range of social activities. They were listened too and staff supported them if they had any concerns or were unhappy.

Is the service well-led?

Good

The service was well led.

There was a good management structure in place. Staff were provided with good leadership and supported to provide the best quality care.

There was a programme of checks and audits in place to ensure that the quality of the service was measured. Any accidents, incidents or complaints were analysed to see if there was any lessons to be learnt.

Fairview Court 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 was unannounced and was undertaken by one inspector. The previous inspection of Fairview Court Care Home was in July 2014. There were no breaches of the legal requirements at that time.

Prior to the inspection we looked at the information we had received from the local authority safeguarding team and notifications that had been submitted by the service. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.
During our inspection we spoke with eight people living in the service and five relatives. We spoke with two healthcare professionals who were visiting the home at the same time as our inspection. We spoke with the registered manager, 15 members of staff which included nurses, care staff, activity and ancillary staff.
We conducted a Short Observational Framework for Inspection (SOFI). SOFI provides a framework for directly observing and reporting on the quality of care experienced by people who cannot describe this for themselves. We did this because those people living with dementia were no able to tell us about their experiences of living in the service.
We looked at eight people's care documentation and other records relating to their care. We looked at four staff employment records, training records, policies and procedures, audits, quality assurance reports and minutes of meetings.
After the inspection we contacted four health or social care professionals and asked them to tell us about their views of the service. Their comments have been included in the body of the report.

Good

Is the service safe?

Our findings

"Everyone speaks to me nicely, the staff are very friendly" and "I don't like being moved in the hoist but the girls talk me through it". Relatives told us, "I am very confident that mum is really well looked after" and "I do not have to worry about the safety of my dad when I am not here. I know he is in good hands".

Staff were aware of their responsibility to keep people safe. They knew about the different types of abuse and what action to take when abuse was suspected, witnessed or a person made an allegation of harm. They told us they had completed a training programme about safeguarding adults and would report any concerns. Staff would report any concerns they had to the nurse in charge or the registered manager but knew they could report directly to the local authority , the Police or the Care Quality Commission.

Staff were trained to use the hoists and other moving and handling equipment to ensure they always assisted people properly and did not hurt them. They told us they would report any colleague moving a person inappropriately and referred to the provider's whistle blowing policy.

Staff files were checked to ensure that safe recruitment procedures were followed. The measures in place prevented unsuitable staff being employed. Each file evidenced that appropriate pre-employment checks had been undertaken. Disclosure and Barring Service (DBS) checks had been carried out for all staff (previously called CRB's). A DBS check allows employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people.

In August 2015 we were contacted by the registered manager as a nurse had worked at the service for a short period of time but their registration with the Nursing and Midwifery Council (NMC) had lapsed when they were on extended leave. The NMC had also written to us about this. Following this the registered manager had put in place systems to highlight when NMC registrations were due to expire. The service had taken the appropriate action to deal with this event.

A range of risks assessments were completed for each person. These were in respect of moving and handling, the likelihood of pressure damage to skin, falls and nutrition. Where a person needed to be assisted to transfer or move from one place to another a 'moving around' plan was written. These set out what equipment was needed to complete the task and the number of care staff required. These plans did not always specify the sling size to be used where people were hoisted. The plan for one person on how to move them in their wheelchair was very detailed and gave exact instructions for the staff to follow.

Specific risk assessments were completed for people where other risks had been identified. For one person there was a plan around how their behaviours were managed and for another there was a plan in place to reduce the risk of choking. Bed rail risk assessments were completed to determine whether they were safe to be used when the person was in bed. Personal emergency evacuation plans (PEEP's) had been prepared for each person: these detailed the level of support the person would require in the event of a fire and the need to evacuate the building.

The maintenance person had a programme of checks to complete on a regular weekly or monthly basis in order to keep the premises safe. They had worked at the home since it was opened and therefore knew the building well. Servicing contracts were in place for all equipment and any new electrical items brought in to the home were tested for safety before they could be used. All the fire and water temperature checks had been completed at the designated intervals. A fire risk assessment was undertaken in June 2015 and will be revisited again in May 2016. The Fire and Rescue service had undertaken a routine visit at the beginning of the week and all was in order. The registered manager and group manager ensured all checks had been completed.

The kitchen staff recorded fridge and freezer temperatures, hot food temperatures, food storage and had kitchen cleaning schedules in place. Housekeeping staff had cleaning schedules and a programme of deep cleaning for all areas of the home.

The service had a business continuity plan in place however it contained no detail. The registered manager told us they would be reviewing this plan along with the group manager (the provider's representative) and other registered managers, along with all the policies and procedures.

The staffing numbers on all three floors were based upon the care and support needs of people. An extra nurse had been allocated on the middle floor recently because of increased needs of those people. These arrangements were confirmed in the staff rotas. The registered manager reviewed the staffing levels on a monthly basis and was aware when people's needs had changed or a new person had moved in to the service. Staff said staffing levels were appropriate and the registered manager listened to them if they commented about the work load. Care staff were generally allocated to work on a specific floor but could cover other floors if they were picking up extra shifts or another floor was busy.

People were administered their medicines by nurses or senior care staff at the prescribed times. Senior care staff had to be competent before being able to administer medicines to people. They received safe administration of medicines training, were then observed and once competent were signed off. We observed nurses administering medicines to people safely, ensuring the correct medicines were given to the correct person. People were provided with the level of support they needed, this information was recorded on a document kept with their medication administration record (MAR). Correct procedures had been followed where people needed their medicines to be administered covertly (added to food or drink).

There were safe systems in place for the ordering, receipt, storage and disposal of all medicines. People's medicines were all stored in lockable cupboards in their own bedrooms. There were suitable arrangements in place for storing those medicines that need additional security. Records showed that stocks of these medicines were checked each time the medicine was administered and also audited by the registered manager on a monthly basis.

Good

Is the service effective?

Our findings

Not every person we spoke with was able to tell us whether the care and support they received met their needs. One person said, "I am fed and watered regularly" and another said, "they help me have a bath and I hadn't had one for years. It's lovely". Relatives all said that their loved one received the care and support they needed.

Comments from health and social care professionals were, "People are very well looked after", "The staff always contact us in a timely manner" and "Any instructions we leave regarding people's care are followed through".

Training records showed staff received a range of training to meet people's needs. Newly recruited members of staff had to complete an induction training programme at the start of their employment. This programme was in the process of being aligned to the new Care Certificate that was introduced in April 2016. The Care Certificate covered a set of standards that social care and health workers must work to in their daily working life. Staff members told us they had received induction training when they first started working at the service and this had prepared them for their job.

There was a programme of mandatory training that all staff were expected to complete. This included moving and handling, safeguarding adults, food hygiene, fire safety and infection control. All care staff were encouraged to undertake health and social care qualifications. At the time of our inspection 37 staff had already achieved an National Vocational Qualification (NVQ) A number of staff told us they were doing their level two or three diplomas (previously called an NVQ).

There was a plan in place for all staff to receive a regular supervision session with a senior member of staff. The registered manager supervised the nursing staff, nursing staff supervised senior care staff and senior care staff supervised the care staff. Those supervision records we saw were of mixed quality with some being a series of ticks against headings (for example punctuality or uniform). The registered manager had a supervision and appraisal matrix in place to ensure all staff were supervised. Staff appreciated the opportunities to have a face to face meeting and said they were well supported.

Information in people's care files included an assessment of the person's mental capacity. Staff received training on the Mental Capacity Act 2005 (MCA) and Consent to care and treatment. MCA legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. DoLS is a framework to approve the deprivation of liberty for a person when they lacked the capacity to consent to treatment or care. A representative from South Gloucestershire Council had visited the service on 20 May 2015 and talked with staff about DoLS. The service was applying DoLS appropriately. At the time of our inspection there were five DoLS authorisations in place and the service was waiting for a further 17 to be processed by the local authority.

When we spoke to staff they understood the need to support people to make their own choices and to make decisions about how they were looked after. During the inspection we heard people being asked to make

choices , "Would you like to come along to the lounge for the coffee morning", "Where would you like to sit today" and "X would you like to have a dance". The staff had supported people through a process of 'best interest' decision making to ensure they received the health care interventions they required, for example to administer medicines covertly where a person continually refused essential medicines. This process had involved the staff, health and social care professionals and family members.

Each person was assessed to determine any risk of malnutrition or dehydration. Nutritional risk assessments were reviewed on a monthly basis and body weights were recorded. People's preferences for food and drink were recorded plus any allergies they had and this information was shared with the catering staff. Any significant weight loss was reported to the catering staff and fortified foods and drinks were then provided. Care staff and catering staff had received textured diets training. For those people who had difficulties with swallowing, the texture of the food they required was recorded in their care plan.

People were provided with a choice of two main meals at lunch time plus alternatives could be made available. There were also two options available at tea time. A combination of fresh and frozen fruit and vegetables were used, and finger foods was provided for those people who were able to independently feed themselves. People were offered clothes protectors prior to the start of their meals and the tables were laid up nicely. Staff were friendly, attentive and served food in a respectful manner, they sat down next to the people who needed assistance to eat their meals.

People said they enjoyed the food. Comments included, "Lunch today was very nice. They told me what it was", "I get too much to eat", "They are always feeding us". There were cold drinks available on the tables and hot drinks were served mid-morning, after lunch and mid-afternoon with cakes. People were able to ask for drinks and food at any time and we saw people being given snacks and hot drinks. Kitchen staff told us that when it was people's birthday a birthday cake was made.

People had access to GP services. An agreement had been set up with a local GP practice to visit the service on a weekly basis. One of the GP's from the practice tended to be the main doctor who visited. This meant this GP had a very good understanding of people's needs. Nursing staff faxed a list over to the surgery prior to the GP visit so the GP would know who they were going to be asked to review. This meant had the necessary background information available. Mental Health services were involved with people's on-going care and support and nurses from this team worked alongside the staff team at Fairview Court. Other health professionals such as occupational therapists (OTs) and physiotherapists visited people, particularly those in the pathway beds. Foot care specialists, opticians and dentists visited the service regularly.

Good

Is the service caring?

Our findings

People said, "The staff are very caring towards me", "I get on well with the staff, sometimes I am a bit grumpy and they try and cheer me up", "The staff are great, they don't seem to mind that I am a bit forgetful". Relatives said the staff were always welcoming, they were offered refreshments when they visited and were kept informed how things were going. One relative visited each lunch time and had a meal with their spouse. They were supported to continue in their caring role they had for a number of years and assisted with the midday meal. Another relative said, "When I was looking for a nursing home for my mum, Fairview Court stood out from the rest as being the best. We have not been disappointed, the staff are really good, kind and caring".

The registered manager showed us their log of compliments the service had received. Written comments included, "Thank you for the care and attention to X and to us as a family", "Thank you for all the kindness care and love you showed to my beloved brother", "Thank you for making her birthday so special" and "We will always highly recommend Fairview Court".

One healthcare professional said, "I think Fairview Court provides excellent care. We use if for discharge-to-assess beds (pathway beds) and it works very well". Another healthcare professional commented that people looked very well cared for and that staff "knew the person very well, particularly all the personal information about their life".

Staff spoke about the people they were looking after in a respectful manner and several of them said they would want a loved one of theirs, to live at the service when the time came. Staff spoke with people in a calm and sensitive manner and used appropriate body language and gestures. We saw plenty of positive interactions and saw how these contributed towards people's wellbeing. For example, we saw one staff member comforting a person who had become distressed and was crying. They spent time with them, arranged for a cup of tea and some toast and sat and chatted with them until they had settled. Another example was the way the care staff encouraged a person to walk from the lounge area to the dining room. Although the person was obviously finding walking very difficult they kept saying "I'm doing it, I'm doing it". They had a big smile on their face and were obviously pleased with themselves.

Staff knocked on people's doors and either waited to be invited in, or if the person was not able to answer, paused for a few moments before entering. People's bedroom doors and the doors into bathrooms and toilets were closed when people were receiving care. The registered manager said they used teaching and supervision to create a culture within the staff team that was relaxed and friendly. They ensured the home looked clean and inviting to others. Staff were encouraged to show a commitment to people and had a key worker role. A key worker was a member of staff who was identified as taking a lead role in that person's care and provided a link with the person's family and friends. The staff team were trained to be courteous to people and their visitors. Our findings during the inspection confirmed that people received a caring service.

Care plans evidenced people had been consulted on the care and support they received and they were

treated as individuals. People were not only asked by what name they preferred to be called but also how they felt about terms of endearment. They were asked about the things that were important to them and all this information was incorporated into their care plans.

A number of the staff had taken a lead role in respect of dignity and were Dignity Champions. They supported the rest of the staff team in ensuring that people were always treated in a dignified manner.

Good

Is the service responsive?

Our findings

People said, "There are a lot of activities taking place here. I love all the music and dancing", "I enjoyed the quiz this morning", "I get all the help I need with having a bath and getting dressed", "They come and help me use the bathroom. Sometimes I have to wait if the girls are very busy. They don't forget about me though". Relatives said, "I am more than satisfied with how mum is looked after. They always make sure I am ok too" and "The nurses and (name of the manager) always contact me with any changes".

Each person's care and support needs were fully assessed before admission to the home. This was to ensure that the service was able to meet the person's individual needs and that they had any specific nursing equipment (hoists, specialist beds or movement sensor equipment for example) these were in place prior to admission?. The assessment covered all aspects of the person's daily life, specifics about how their dementia presented and their nursing care needs. Some people may have originally been admitted in to one of the pathway beds, therefore the care team would have already been working alongside the community based rehabilitation staff and be familiar with the person's needs.

A care plan was written based upon the information from the assessment. Care plans covered the person's personal hygiene and dressing needs, mental capacity, mobility, nutrition, continence, skin care, and where appropriate, end of life care needs. Where people were funded by either the local authority or health services, information was gathered from them as well.

People's care plans reflected their needs accurately. For example, one person's care plan was very clear in stating the measures in place to prevent the person sustaining pressure damage. Another person had a plan in place to show how their wound care management needs were met. The person had several wounds and there were separate plans for each them. The plans stated how often the dressings had to be replaced and what products had to be used. We saw evidence of referrals to specialist nurses in tissue viability. Each time the dressings were attended to, an evaluation of the wound was recorded and regular photographs were taken to monitor the wounds. These measures enabled the staff to check on progress or deterioration of the wounds and to evaluate effectiveness of the treatment.

Daily care records were completed for each person and provided an accurate and detailed account of the care and support provided. Other care records that were completed included topical ointments and cream charts, food and drink charts, behaviour charts and positional change charts. Those we looked at had been completed well.

Nurses and care staff coming on duty had a handover report from those staff who were going off duty. A handover is where important information is shared between the staff during shift changeovers. Staff said if they had been away for a period of time these were essential to ensure they knew of any changes that had happened. This meant that the staff team could be responsive to people's needs and any changes that had taken place were taken account of.

People's care and support needs were reviewed on at least a monthly basis. People were encouraged to

have a say about their care and support and to speak up if they were unhappy about anything or wanted things done differently. Families or friends were involved where the person did not have the capacity to make decisions regarding their care. Where necessary health and social care professionals were involved.

A programme of activities was arranged on a monthly basis for people to participate in. Details of the programme were included in the monthly newsletter distributed to each person and also displayed on the noticeboard on each floor. The service had four creative activity therapists who worked in Fairview Court and also the other homes in the group. During the course of our inspection there were quiz sessions, a coffee morning and a musician visited. Other activities planned for February included mini bus trips, flower arranging, ballroom dancing and a church service. A hairdresser also visited the service each week. We watched whilst 15-20 people took part in a sing-a-long. One of the activity therapists danced with two people and it was evident they knew the physical capabilities of them both because one of them danced in hold whilst the other was spinning around and quite agile. Activity therapists also spent time on a one to one basis with those who did not like group activities or were confined to their beds. Records were kept of all activities each person was involved in along with an evaluation of how the event had gone.

People we spoke with felt able to raise any concerns or complaints they had with the staff and said they were listened to. They said, "Sometimes I am unhappy and I have a little grumble. The girls do their very best for me though", "We are always being asked if we are happy" and "They ask us all the time if there is anything we want over and above what the staff do for us". People were asked to share their views or make comments about things during their care plan reviews, during resident's meetings and when activities were taking place.

Good

Is the service well-led?

Our findings

People living with dementia were unable to tell us whether the home was well-led or not but made the following comments: "It's alright here, we have fun and nice food and we are kept clean and tidy", "They (the staff) help me with everything" , "I do try to do some things myself but I need an awful lot of help. There is always someone to help" and "Everything runs like clockwork". One relative said, "The manager and all the staff are very professional. When I was looking for a home for mum, this one stood out from all the rest". One healthcare professional described the registered manager as "a great manager".

The registered manager led the staff team. This consisted of a deputy, qualified nurses, senior care staff and care staff, maintenance, housekeeping and catering and an administrator. A large proportion of the staff team had worked at the service for many years therefore provided a stable staff team for the people living there. Nurses and senior care staff were given lead roles for example, dementia lead, dignity champions, hydration/nutrition lead and wound care lead. These roles enabled the rest of the staff team to benefit from the leads experience. This in turn benefitted people living in the service. The service was awarded the Dementia Quality Mark, two years previously. This meant the service met a set of essential standards in order to meet the needs of people living with dementia.

Staff meetings were held on a regular basis in order to keep the team up to date with any changes and developments. Separate meetings were held with the nurses, the night staff and the activity therapists in January 2016 and notes had been kept of what was discussed. Staff told us they were encouraged to have a say about people's individual care and support and other things relating to the running of the home. They said they were listened to. A 'resident, relative and supporters' meeting had been held on 2 February 2016. Two relatives told us they had attended the meeting and found it interesting and helpful to learn about dementia.

The registered manager was very much out and about on all three floors throughout the day. They visited all three floors every day they were in the building. The registered manager used this time to make an assessment of the premises, to speak with people and the staff team and to check on people who were unwell.

The service had a programme of audits in place to check on the quality and safety of the service. Audits were completed on each floor in respect of care planning documentation, medicines and maintenance. Care plans were reviewed on a monthly basis by the nurses and care staff in order to ensure people continued to receive the care and support they needed. A pharmacist audit had been completed in August 2015 and a number of improvements had been identified. The registered manager and staff had ensured all these improvements had been actioned.

Accidents, incidents and any complaints received were audited on a monthly basis. They were then followed up to ensure appropriate action had been taken. The registered manager analysed these to identify whether any changes were required as a result of any emerging trends, in order to prevent or reduce reoccurrences.

A copy of the complaints procedure was displayed in the main entrance. It was also included in the information about the home, given to people on admission or their relatives. The complaints procedure stated all complaints would be investigated and responded to in writing. We looked at the log of complaints received. All those received in 2015 had been handled according to the complaint procedure and had been signed off by the group manager. Two complaints had been received in January 2016. There was a record of the action taken, a follow up and a review, but both complaints needed signing off. The registered manager said these would be picked up at the next 'provider visit'.

The group manager completed monthly 'provider visits' to the service. The last visit had been undertaken on 21 January 2016 and had focused on the question Is the service Responsive? The group manager recorded their observations, detailed which records had been looked at and who they had spoken with, people, visitors and staff. In December 2015 the visit had focused on the Is this service Caring? question. From both of these visits no action points were recorded although the registered manager did tell us some shortfalls that had been picked up and what actions had been taken to address these. The records of these provider visits provided only the positive aspects of the findings and not the actions expected.

The registered manager was aware when notifications of events had to be submitted to CQC. A notification is information about important events that have happened in the home and which the service is required by law to tell us about. The registered manager was aware when notifications about deprivation of liberty applications had to be submitted to the CQC.

All the policies and procedures were in the process of being looked at, reviewed and updated. The registered manager was aware this needed to be in line with the fundamental standards of care and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and other associated legislation such as employment law and Health and Safety law.