healthwatch Southwark

Enter and View Report
Snowsfield Adolescent Unit

Service Provider and Address:
Snowsfields Unit,
South London and the Maudsley NHS Foundation Trust
Mapother House, Denmark Hill, SE5 8AZ

Date of visit:
Wednesday 25th and Friday 27th March 2015, 2:30pm to 5:30pm

Authorised Healthwatch Representatives:
Sec-Chan Hoong - Development Officer, Healthwatch Southwark
Chitra De Caires – Engagement Officer, Healthwatch Southwark
Alison Miles – Healthwatch Southwark Volunteer
Uloma Ekechi – Healthwatch Southwark Volunteer
Ludovic Lesdalon - Healthwatch Southwark Volunteer

Contact Details of Healthwatch Southwark:
Healthwatch Southwark, 1 Addington Square, Camberwell, London, SE5 0HF
info@healthwatchsouthwark.co.uk
020 7358 7005

Acknowledgements

Healthwatch Southwark would like to thank the service provider, service users, and staff for their contribution to the Enter and View visit.

Disclaimer

Please note that this report relates to findings observed on the 25th and 27th March 2015.

Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

Contents

What is Enter and View?	1
Purpose of this Enter and View visit	1
Strategic drivers	1
Methodology	2
Prior to the visit	2
On the day	2
Observations…	3
Interviews…	3
Summary of findings	3
Highlights of the visit…	3
Issues that need further exploration…	4
Briefing session with the ward manager	4
Our findings from the visit	5
Environment	5
Activities session	6
Involvement in care and discharge	7
Promotion of choice and independence	7
Interaction between people accessing the service and staff	8
Food/mealtime	8
Concerns/complaints procedure	8
Staff	9
Visitors and relatives	9
Health and safety	10
Anonymous feedback	10
One good thing about the Unit…	10
One thing that could be improved in the Unit…	10
Your overall impression of the Unit…	10
Recommendations for the provider	11
Actions for Healthwatch Southwark	11
Consideration for the Commissioners	12
Response from the provider	12
Appendix	15
Interview tool for people that use the Unit	15
Interview tool for the staff at the Unit	16
Observation tool	16

What is Enter and View?

Healthwatch is a champion for patient and public voices. Since the Health and Social Care Act in 2012, local Healthwatch have a statutory function to carry out Enter and View visits. Local Healthwatch representatives (trained staff and volunteers) carry out these visits to health and social care services that are publically funded to find out how they are being run and make recommendations where there are areas for improvement. The Healthwatch authorised representatives observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries and pharmacies.

Enter and View visits can happen when there is an interest to understand a service better or if people tell us there is a problem with a service, but equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

Purpose of this Enter and View visit

- ✓ To engage with people using the service and staff at Snowsfield Unit and understand what they think about the service provided
- ✓ Identify examples of good working practice
- ✓ Observe patients engaging with the staff and their surroundings during activities and mealtimes
- ✓ Capture the experience of staff and patients and any ideas they may have for improvement

Strategic drivers

Healthwatch Southwark decided to carry out an Enter and View at a Child and Adolescent Mental Health Service (CAMHS) because:

- Mental health is one of Healthwatch Southwark's priority areas, with a particular focus on children and young people. Therefore we are keen to find out about young peoples' experiences of specialist services like CAMHS.
- During their scoping work Healthwatch England identified a number of emerging gaps in national efforts to address the CAMHS crisis – which is that low level of support in the community setting (Tiers 1-3) is being scaled back and there is an unnecessary reliance on secure and residential institutional provision (Tier 4).

For more information you can read:

- House of Common Health Committee Report on Children's and adolescents' mental health and CAMHS
- NHS England's Tier 4 Report on Child and Adolescent Mental Health Services

Methodology

Prior to the visit

We proposed an Enter and View visit to the Snowsfield Unit and met with the ward manager, explaining the purpose and structure of the visit and proposed dates. We explained that staff and volunteers would be trained; have DBS clearance, and would be using a combination of observation and interview tools to talk to inpatients and staff. We also had two feedback boxes that were placed in public areas - people using the service and the staff were encouraged to give feedback anonymously.

On the day

We approached the ward manager before we spoke to anyone in the Unit and asked for any operational or care plans for the day that might affect our interviews, and were careful not to cause disruption to services. We were informed that three patients might need meal supervision in the dining area which was a proposed site to visit and we were mindful of that.

We were informed that the ratio is four staff to eleven young people (not including out patients attending education and activity sessions). On the day, there were four staff members in the unit and an additional three therapists for the activity session. There were eight girls and three boys; however one boy was on leave at the time. In addition to this, there were two young people who were day patients attending the education and activity sessions. On each visit, our team consisted of

four authorised representatives (ARs) who worked in pairs. Two ARs observed an activity session and the other two interviewed staff. All ARs interviewed patients.

Observations…

A proportion of the visit was observational. Each AR team observed an activity session as well as the immediate surroundings to gain an insight on how the unit operates and the patients' engagement with staff members. There was an observation checklist prepared for this purpose. This covered the general décor, tidiness, cleanliness safety, food, odour, display of information and interaction between staff and people using the service.

See appendix for this checklist.

Interviews…

We used an interview tool to capture the young people and staff experience of the service. The questions covered a range of areas such as discharge, choice and independence, health and safety, activity session, food, and involvement in care. The interviews took place in public areas such as the lounge and dining area and our team worked in pairs, with one interviewing and the other taking notes. Overall we interviewed four staff members and four young people.

See appendix for the interview tool.

Summary of findings

At the time of our visit, our experience is that the people using the service felt that Snowsfield unit was operating to a very good standard of care with regard to their treatment.

Highlights of the visit…

- ✓ The people using the service spoke positively about their treatment and care, as one person said ***"This place has really helped me"***. One thought that "***treatment is best here"***.
- ✓ We saw evidence of staff interacting with the young people positively and attentively, especially during activity sessions. One young person said that ***"the staff are always friendly and approachable"***.
- ✓ Almost all the young people agreed that the staff were helpful, caring, supportive and friendly.

- ✓ We saw that one-to-one support was provided for people using the service who needed it, including those who needed support at meal times.
- ✓ The young people appreciated education support sessions and the fact that school work was delivered to the Unit and they could keep up with their peers.
- ✓ We saw a timetable of a variety of activities and education sessions that were provided for the young people and they were given the option to take part.
- ✓ The Unit followed a quality health and safety check regime, which was monitored twice a day including at staff handover.
- ✓ Staff were well supported and had confidence in current leadership and management.

Issues that need further exploration…

- The issue around person-centred care and the no-smoking policy at the Trust is a complicated one. One patient said that ***"[limited] smoking is the only thing that annoys me, I am not happy with it".*** The Trust's no-smoking policy has meant that this individual has to go some distance across the road to be clear of the Trust site. This has a two-fold impact – a significant reduction in the number of cigarettes in a short space of time, and the safety and risk of self-harm to the individual as a result of venturing alone (dependent on staff capacity) as acknowledged by the individual themselves. It also raises a wider issue around 'one-size-fits-all' policies that are implemented, and its implications on person-centred care and its impact on individual patients.

- As referrals are received at a national level, many young people come from far away; there is a lack of local facilities nationwide and children are placed a great distance from families. One person said, ***"Useful experience, miss people, look forward to leaving"***.

- There needs to be more linkages with other services and more young people-friendly services particularly around substance misuse as some patients have a dual diagnosis and would benefit from being signposted to another service.

Briefing session with the ward manager

The ward manager informed us that there is a shortage of beds and referrals are received from all over England, although the bed management team tries to place people close to facilities nearer to them. Most referrals are received via

secondary care: CAMHS community teams, liaison teams at A&E departments and specialist services such as the Michael Rutter Centre.

Most admissions are planned. There may be times when they have emergency admissions when no beds are available for people needing to access the service, for example, people presenting in emergency department. In such cases, if there is a bed free due to a young person being on leave, the bed is offered to the person in crisis as a temporary measure while the bed management system tries to find suitable accommodation. Changes in service demand goes in waves, with summer months the demand being lower and winter months being busier.

The Unit also has a day-patient programme that they would like to develop further and publicise to other mental health service providers and GPs, to offer more preventative support before admissions. This will target schools and also other mental health services.

On the day of the visit the Unit had two day patients that attended the activity session.

There are some specialist services in the borough such as the day service centre and also a service for youth offending. It was recognised that there were not many substance misuse services for young people, and it was acknowledged that this needs to be explored particularly where patients have a dual diagnosis because the Unit wants services they can signpost patients to.

The ward manager also explained that young patients are provided support especially when they are transferred from CAMHS to adult services. Usually a plan is put in place. When young people are placed in adult services and they are just short of their 18th birthday, a support worker would be placed with the individual round the clock. We did not speak to any patients who had used adult services in this way.

Our findings from the visit

Environment

There are seven en-suite bedrooms and a dorm for girls with four separate rooms but sharing three bathrooms. At the time of the visit there were three boys and eight girls. One of the boys was on leave.

The young people cannot lock their own rooms for health and safety reasons. They are free to go back to their room whenever they want to. Bed time curfew is

10:30pm when the TV lounge is locked, although people have the option to sit in the dining area. It was observed that each room had the individuals name sign on the door, drawn by the patients themselves, reflecting a personal touch.

The dining room and other public areas are locked outside of designated times for meals and social time. People are encouraged to take part in education sessions and activities but they also have a choice of opting out if they are unwell.

The display board is neat and tidy and has sufficient information about staff, activities timetable, and information on how to complain along with Care Quality Commission, National Youth Advocacy Service, and Safeguarding Children information.

The rooms are tidy and the general area is tidy and clean. Young people have been consulted on the décor of the place. In particular the lounge area displays a piece of art that the people were involved in creating. There was no odour in the unit; however, on entering the main reception, there was a mild chemical smell, possibly from cleaning products.

The entrance to the reception was a bit confusing. On ringing the door bell, better instructions could be provided.

One of the young people said that the windows in the bedroom can be a bit draughty and therefore has to put a towel over the window to prevent the draught coming in. Another person said on the feedback form that the place is ***“not very homely”***.

Activities Session

A good selection of activities and education are provided for the young people as per the timetable. Education support is provided onsite by professional teaching staff and the unit works with the schools to ensure all school and home work is received for each young person so that they can keep up with their education.

A wide range of activities including health, wellbeing and sensory are provided for the people using the service. Overall impression was that people really enjoy these activities and looked forward to attending the sessions.

However, a few young people said that there are not that many activities during the weekends and evenings. One particular activity that was missed was the cooking classes after dinner that a previous patient really enjoyed and was sad to see go. A member of the staff also said this was an activity that was popular with the young people but had to go due to lack of funds.

Involvement in care and discharge

People accessing the service said that their care and medication was explained to them. They were involved in their recovery plan and supported with Cognitive Behaviour Therapy (CBT) where needed to help with treatment and changing behaviour.

One person said that they were ***"sort of"*** involved in treatment and care, and said ***"better if I was able to say it"*** – implying shy people sometimes feel unable to say what they want.

Some of the young people had been to the unit previously, and said that they were consulted and involved in discussions around their discharge. One of the young people said they were very happy with the whole process of their previous discharge from the unit (moved from being an inpatient to becoming a day patient). They were then able to go to school from home and then come back to the Unit for support. This person said they felt eased into their old routine at school and this ***"took the pressure off"***.

A couple of young people said that they had not got discharge dates because it might be too early as they had only recently arrived. Another said that they had a provisional discharge date and were consulted on it and were happy with it.

Promotion of choice and independence

Young people are given the option of going to their rooms whenever they want to so that they have their own space and private time. At meal times they have a varied menu to choose from; in fact some thought there was too much choice. One young person said that being a fussy eater needing meal time support, the food choice could be better.

Young people were involved in the decoration of the public areas by choosing the colour of the walls and creating a painting in the lounge area.

All young people on admission are advised that there is the expectation that they engage in the ward programme fully and that they attend all education and groups in the unit. There are exceptions and they can refuse on the grounds that they are either too unwell or too unsettled or if they assessed to have additional support needs. There will be an individual care plan surrounding this and if they do not attend, then they cannot have access to communal areas or use things such as the television or computer games. They can remain in their bedrooms. Staff are then on hand during these times to offer them more support as necessary.

Interaction between people accessing the service and staff

We saw evidence of staff interacting with the young people in a friendly and positive manner. During activity sessions, we saw that the young people participated in the activity sessions, although they were more reserved in our presence. However the staff assured them that they did not have to share anything they did not want to. The group shared what they wanted to and continued to take part in the activity.

We observed that there was mutual respect between the people using the service and the staff, and there was a level of comfort among the group.

Food/mealtime

We received an interesting mix of comments regarding the food.

The food was generally thought to be good and there was a good choice. Although one person said that the food was ***"very basic, repetitive and bland"***. When we asked for anonymous feedback (via our feedback boxes) we asked if there was one thing about Snowsfields Unit that could be improved what would it be; and most patients said food.

There was adequate time for mealtime, and snacks were available between mealtimes.

We observed the interaction between staff and people using the service, and between the young people themselves, was very amiable during mealtimes.

A couple of young people thought that 5pm time for dinner was a bit early. However they also said that they could have snacks and a drink later in the evening if they were hungry.

Concerns/complaints procedure

Most of the people we talked to accessing the service agreed that the staff are good at their job and are very approachable. Young people can talk to them about things they are not happy with. The noticeboards display information on how to complain if people are not happy with something.

The staff were positive about the leadership and management of the Unit. They felt the management is very approachable and depending on the concern, they could talk to the clinical supervisor or the ward manager.

One young person said that being shy by nature makes it difficult to approach everybody. This person finds some staff more supportive than others, and would not be able to speak to the staff members they feel are not as supportive.

There was no complaint box where people accessing the service could post suggestions or complaints, although the noticeboards promoted complaints procedures and provided contact details.

Staff

The staff are well qualified. All new staff are provided a good induction by the manager and staff feel well supported. They have regular supervision and support to help them in their role of supporting people accessing the service. Nursing staff have a clinical supervisor and a line manager. The current ward manager has included 'protected time' for the staff and this was greatly appreciated.

Staff are involved in a variety of roles such as observation, ward rounds, patient transfers, escorting young people to therapies and shopping. They do rely on agency staff if more one-to-one support is required for people accessing the service.

Almost all of the people we talked to agreed that the staff were helpful, caring, supportive and friendly. However, one person said that they were very shy and would appreciate if all staff members understood and supported them.

Another person with a history of self-harm said ***"Nurses should be checking on me, sometimes I go quiet like for three days, especially when I go on self-harm"***. This person also said ***"I find talking to the nurses helpful, especially when I am not myself"***.

On being asked if there was one thing about Snowsfield Unit that could be improved, one person suggested that was ***"the compassionate care of most bank staff"***.

Visitors and relatives

Visitors and relatives are allowed to visit during the evenings and weekends and depending on circumstances, patients are allowed to go home on leave during weekends. Some young people come from very far, as the Unit accepts referrals from all over the country – they may not get many visitors as there is no accommodation facility for visitors.

Health and safety

The staff told us that the organisation has a good health and safety policy in place. We saw evidence of the Environmental Checklist, for the day, that highlighted all the jobs to be completed every morning and evening by staff and was signed by the staff on duty and was to be passed on to the staff for the next shift. This list covered all the jobs necessary for health and safety for the patients including cleaning rooms, toilets, and maintenance of common areas, fire extinguisher, alarms and temperature of the clinic room fridge.

Anonymous feedback

Seven people gave us anonymous feedback through our two feedback boxes which were placed in communal areas. We asked people to tell us: one good thing about the Unit, one thing that could be improved about the Unit and what their overall impression was of the Unit. This is a summary of the comments received:

One good thing about the Unit:

- *Know that everything is for your best interest*
- *The staff are always friendly and approachable*
- *The staff are very kind most of them*
- *The people*
- *Very helpful treatment*
- *Staff*
- *Support workers listen more*

One thing that could improve about the Unit:

- *Food and activities*
- *The food*
- *Care service*
- *The food is very basic, repetitive and bland*
- *The compassionate care of most bank staff*
- *It they could give us the support that could help us the most*
- *The facilities – for a place that people have to live in , it's not very homely*

Your overall impression of the Unit:

- *The staff are really good, shame the facilities weren't better*
- *It's a great unit*
- *The place to be if you are ill*
- *A place with a nice atmosphere but very limited resources*
- *Very poor*
- *Fab*
- *OK I guess*

Recommendation for the providers

1. To strengthen how the Unit gathers feedback from young people especially on facilities:
    - To consider ways that young people can be involved in designing or reviewing the food menus.
    - To seek feedback particularly about their personal environment including accommodation. This could be through a specific forum or with the support of advocates.

2. To incorporate the following when training staff:
    - Dual diagnosis: Staff are increasingly providing a more specialist services and caring for patients with dual diagnosis or referrals from specialist centres, hence a need for training staff to help manage the complexity of this.
    - Patient interaction: Some young people may need additional support as they may not find it easy to express themselves to staff. Staff should be mindful of this, and make extra efforts to ensure that these people are comfortable and well supported.

3. To vary and increase the range of activities that are available to young people particularly in the evenings and on the weekends.

4. To consider the risk assessment process when approving leave for smokers: whilst it is understood that the Trust's No Smoking Policy is non-negotiable, some young people receiving care at the Unit are heavy smokers and therefore request leave to smoke. Although a risk assessment is carried out, there is concern that some young people are vulnerable when they leave the Unit premises unaccompanied, and they may try to pass the risk assessment because of their need to smoke.

Actions for Healthwatch Southwark

1. Healthwatch Southwark will circulate the report widely to service providers and commissioners to highlight areas of good practice and also the financial challenges the unit/service is under.

2. Healthwatch Southwark would like to meet the Ward Manager in three months' time (after publication of the report) to consider how recommendations to the provider have progressed.

3. At this three month point (from the publication of the report), Healthwatch Southwark will leave feedback boxes in the patient areas for one month so we can gather views of patients on the areas that were suggested for improvement.

4. Healthwatch Southwark will visit other child and adolescent mental health services in the borough to monitor quality and to gather views of people accessing and using

these services. This will give a more rounded view of the provision of these specialist services.

Considerations for commissioners

Snowsfield Unit is working to a high standard, as demonstrated in this report. However, The Unit is continuously challenged due to high demand and limited resources.

Bed crisis

This report has touched upon the bed crisis in child and adolescent mental health services. Snowsfield Unit cares for patients from all over England, mainly in South England – London, Home Counties and South East and South West counties. This will have an impact on the person being cared for and also their families, not only emotionally but financially.

Capacity

Due to the size of the mental health trust and where it is situated (in London and near an acute trust), Snowsfield Unit has become a key point of contact for other services, for example the accident and emergency department and general acute wards at King's College Hospital NHS Foundation Trust.

Specialist rather than generalist

Snowsfields Unit is commissioned and designed to be a generalised mental health service for children and adolescents. However, patients are referred from specialist services and therefore the Unit cares for more specialist cases, for example young people with eating disorder or obsessive compulsive disorder. Commissioners need to consider reviewing resource allocation to meet the needs of patients that require specialist services in the Unit. Providing specialist services within the generalist unit puts constrains on existing resources available within the unit.

Response from the provider

In response to the recommendations, (received on 22 May 2015) the provider said:

1. i) The unit facilitates weekly Young Persons business meetings which are chaired and minuted by the young people. The agenda is set by them and is a forum for them to raise any issues they have be it about the ward programme, the environment, food or rules. Members of staff including the ward housekeeper attend the meetings, as does the independent youth mental health advocate.

   ii) Our methods for obtaining and collating feedback from those using the service has recently been reviewed to facilitate service user involvement and promote service

development. We have both electronic and written questionnaires for patients and carers, which are collected monthly and the results shared with the multidisciplinary team.

iii) Regarding menus the housekeeper works closely with the staff from the external contractor providing the catering service and raises any concerns directly with them.

The trust does not currently have a mechanism in place to ask for feedback from people using the service and this is an area for development. We have also proposed for a representative from the contractor to attend a young person business meeting to hear the views of the young people.

2. **i)** A member of the nursing team is currently completing the Dual Diagnosis training and a new member of the team who joined this week (week of 18th May 2015), is trained in Dual Diagnosis.

   There are plans in place for more staff to enrol on the training in the near future and in the meantime the trained staff plan to deliver teaching sessions to share knowledge and expertise with the rest of the nursing team.

   ii) There is also a newly developed drugs and alcohol information board displayed on the unit which has information about substance misuse and services that can offer support.

   iii) All new staff; permanent, agency and students, are provided with a robust induction which incorporates engagement, ward boundaries and policies on specialist issues such as eating disorders. The unit has a focus on staff development and staff have access to a wealth of training opportunities. Staff are provided with regular clinical supervision and the team works with a multidisciplinary approach.

   The trust has started a training and development programme for Care Support Workers for all staff joining the trust. This is in the process of being rolled out to CAMHS areas and therefore will be a mechanism to further develop their skills of working with young people.

3. We fully recognise that there has been a lack of weekend and evening activities, which is largely due to the member of staff designated with the task- the ward activity coordinator has been on long term sickness absence. It is now the responsibility of clinical staff to provide activities for the young people during these times.

   There are several support workers who are interested and becoming actively more involved in providing such activities. We have also recently recruited more members of nursing staff into vacant positions, which will enable staff to have protected time to facilitate groups.

4. The team recognise the challenges for young people who smoke, coming into hospital. We are aware that it is a lifestyle choice and being in hospital and being unwell are stressful times, for which smoking can often be a coping mechanism. However as a team of healthcare professionals we adopt the stance of promoting healthy living.

   All young people who smoke are offered smoking cessation and nicotine replacement products if appropriate. Any leave is granted in collaboration with the multidisciplinary team (MDT), the young person's parents/carers. Nursing staff then carry out individual risk assessments and mental state assessments at the time the young person goes on leave. Patients detained under the Mental Health Act also require leave to be authorised under the conditions of Section 17 leave.

   For those who go out to smoke they will have a risk assessment prior to any leave on their own. Hospital policy states that no smoking is permitted on hospital grounds which means it is therefore unavoidable for the young person to go off hospital premises and the team do everything we can to minimise the risk of vulnerable young people, whilst enabling them the right to smoke.

Appendix

Interview tool for the people that use the Unit

Referral and Admission
1. How did you arrive to the ward?
1a. Were you happy or not with the referral process and why?
2. Who did you come in with?

Inpatient Care and Support dignity and respect
3. Do you feel your treatment / medication has been fully explained to you? - comment
4. Do you feel that staff have involved you in your care / recovery plan? - Comment

Activities and Educational Programmes
5. Do you feel there is enough to do during the day?- comment
6. Do you take part in the activities?
7. Do have a choice regarding participation in different activities?

Time
8. Can you choose when to go to your room?
9. Do you feel you have some private time?

Preparation for Discharge and After-Care
10. Have you been a patient at the Snowfields Unit before, if so how long ago?
11. If you have been here before have you noticed any changes in the unit – for good or bad?
12. If you have been on this unit before, what was the discharge out of the unit like for you?
13. Have you been consulted in discussions about your discharge for this stay?

Meal times
14. Are you given choice at meals times?
15. How do you find the timings of meals?

Visitors
16. Are people able to visit you?

Support
17. What support is available to you whilst here?
18. If you have been here before, have there been changes to the support provided?

Staff
19. How do you find the staff? (asked to rate on them being helpful, caring, supportive and to comment)

Complaint
20. If you don't like something here or are not happy with a service, member of staff or colleague, do you feel you can talk to someone or ask for help?
21. Is there anything else you would like to tell us about your stay here? This will be an opportunity for us to provide feedback to the service provider keeping all details confidential?

Interview tool for staff at the Unit

1. How long have you been in the service?
2. Are you a permanent or agency or bank staff?
3. What are your thoughts on how the service is run?
4. Is there any difference in the way the service was run in the past?
5. Are there any future changes expected?
6. If changes expected how is this going to impact on services and patients?
7. Do you feel supported?

Observation tool

Authorised representatives rated (1 = Unacceptable, 2 = Poor, 3 = Acceptable, 4 = Good, 5-Excellent) and commented on the following areas):
Entrance / reception
Décor
Tidiness
Lighting
Odour
Cleanliness
Noise level
Information displayed
Food
Staffing level
Safety
Temperature
Toilets