

Mr & Mrs J Dunn

Ocean Hill Lodge Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

Ocean Hill Lodge is a care home that can provide care and support for up to 18 people. At the time of our inspection there were 17 people living in the service.

Mrs Dunn, one of the providers of the service, is also the registered manager and was responsible for the day to day running of the service. 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. We have referred to Mrs Dunn as the registered person throughout this report.

Two inspectors carried out this unannounced inspection of Ocean Hill Lodge on 8 December 2015.

When we inspected the service on 9 and 13 July 2015 we identified seven breaches of the Health and Social Care

Summary of findings

Act 2008 (Regulated Activities) Regulations 2014. This resulted in the service being rated as inadequate. There has been on-going evidence of the provider failing to sustain full compliance since 2013. As a result of this the service was placed into 'Special Measures' by the CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Services placed in special measures will be inspected again within six months.
- The service will be kept under review and if needed could be escalated to urgent enforcement action.

Following the inspection in July 2015, the registered person sent us an action plan about the action that would be taken to improve the service.

At this comprehensive inspection we checked to see if the service had made the required improvements identified at the inspection on 9 and 13 July 2015.

People and their relatives told us they were happy with the care and support provided by staff at Ocean Hill Lodge and believed it was a safe environment. One relative said, "I don't worry when I leave [person's name] because I know they are safe and happy."

Staff had developed positive relationships with people and understood their needs well. People were encouraged to be individuals and do what they wanted to do to enable them to have a fulfilling life. People were supported to access the local community and take part in a range of activities of their choice. For example, people went out to local community activities such as the memory café.

There were a range of personalised and appropriate risk assessments in place to help keep people safe. Accidents and incidents were recorded appropriately and investigated where necessary.

The safety of the premises was looked after by the provider who made sure there was regular maintenance of electrical and gas systems. The service had an emergency evacuation plan including details about how people would be evacuated in the event of a fire.

Support was provided by a consistent staff team who knew people well and understood their needs. There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes. Staff demonstrated they understood how to keep people safe including what they should do if a safeguarding issue was raised.

We found the service had made improvement in the effectiveness of the service. Staff were knowledgeable about the people living in the service and had the skills and knowledge to meet people's needs.

Staff demonstrated they were skilled and knowledgeable about their roles. The manager had implemented a number of changes to the way staff were supported to do their work. There were opportunities for on-going training and for obtaining additional qualifications.

Staff told us they felt supported by management and received regular one-to-one supervision. The manager showed us documentation for the roll-out of a new annual appraisal system to review staff work performance over the year. We were told staff would begin using the new system in December 2015.

Medicines management had undergone improvement since the last inspection in July 2015. However, we found there continued to be multiple recording errors in the medicine records and a continued failure to ensure sufficient stocks of all required medicines.

Regular auditing of medicines was taking place. However, following a check of daily and weekly auditing results we found audit results were not always an accurate reflection of some of the recording errors found in MARs.

The environment which had consistently been found to have an unpleasant smell, was much better due to deep cleaning and replacement of furnishings. However, we saw that standards of cleanliness in the kitchen did not ensure infection control measures were adequate to keep people safe.

The service was now providing a premises that was properly maintained with a generally clean, bright and

Summary of findings

inviting environment. Communal areas had been decorated with new comfortable chairs and new curtains. The malodour that had been particularly strong in communal areas was no longer detectable. A comprehensive maintenance programme for decoration of rooms was under way.

People were supported to maintain good health, have access to healthcare services and received ongoing healthcare support. Staff supported people to eat and drink enough and maintain a balanced diet.

Care records had been rewritten and were up to date. Records were regularly reviewed, and accurately reflected people's care and support needs. Details of how people wished to be supported were personalised to the individual and provided clear information to enable staff to provide appropriate and effective support. Any risks in relation to people's care and support were identified and appropriately managed.

Care records showed that people had given their consent to their current support arrangements. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People were involved in making choices about how they wanted to live their life and spend their time.

Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People and their families were given information about how to complain. There was a management structure in the service which provided clear lines of responsibility and accountability. There was a positive culture in the service, the management team provided strong leadership and led by example. Staff said, "It's got a lot better recently", and "I enjoy what I do".

There were quality assurance systems in place to make sure that areas for improvement were identified and addressed. However, audits concerning medicines and infection control procedures did not reflect the evidence found. Management were visible in the service and regularly checked if people were happy and safe living at Ocean Hill Lodge.

During the inspection we identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were at risk from harm because the provider had not assured auditing processes were effective and accurate to assess, monitor and improve the quality and safety of the service, particularly medicines managements and cleanliness and infection control procedures in the kitchen.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People and their relatives told us they were happy with the care and support provided by staff at Ocean Hill Lodge and believed it was a safe environment.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

There were multiple medicine recording errors and stocks of medicines were not always available when required.

The kitchen was not clean and was not meeting infection control procedures set out by the service.

Requires improvement



Is the service effective?

The service was effective. Staff had a good knowledge of each person and how to meet their needs. Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People saw health professionals when they needed to so their health needs were met.

The registered manager and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Good



Is the service caring?

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices. Staff respected people's wishes and provided care and support in line with those wishes.

Good



Is the service responsive?

The service was responsive. People received personalised care and support which was responsive to their changing needs.

Staff supported people to take part in social activities in the service.

People and their families told us if they had a complaint they would be happy to speak with the registered manager and were confident they would be listened to.

Good



Is the service well-led?

The service was mainly well led. There was a positive culture within the staff team with an emphasis on providing good care for people.

Requires improvement



Summary of findings

Staff said they were supported by the registered person, senior staff and and worked together as a team.

Quality assurance processes were not audited in a way that made sure standards in medicines management and infection control were consistently maintained.

Ocean Hill Lodge Residential 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.

This unannounced inspection took place on 8 December 2015. The inspection was conducted by two inspectors.

We reviewed the information we held about the home such as notifications of incidents. A notification is information about important events which the service is required to send us by law.

We spoke with 13 people who lived at Ocean Hill Lodge. We also spoke with four relatives of people who used the service, the registered person, deputy manager, seven care staff, and a visiting health and social care professional.

We looked at three records relating to people's individual care. We also looked at two staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Is the service safe?

Our findings

Relatives told us they were happy with the care and support their family member received and believed it was a safe environment. One relative said, “The care they have is brilliant. [Person’s name] is so happy and staff are very kind to her.” People told us they enjoyed living at Ocean Hill Lodge; we observed people were relaxed and at ease with staff, and when they needed help or support they turned to staff without hesitation.

Medicines management had been improved since the last inspection in July 2015, however, we found errors in recording medicine records remained an issue. The service had a clear plan for the safe administration and management of medicines. Staff had all received recent training in medicines administration and the service now screened staff for their competency to ensure staff knew what they were doing and felt confident when handling medicines. Since the last inspection no one had been given incorrect medicines. MAR (medicine administration records) records all had photo ID to assist staff in making sure meds were given to the correct person.

Regular auditing of medicines was taking place. However these audit results had not identified some of the recording errors we found in MARs. We noted over 15 recording errors in the month before the inspection. These errors did not impact on the administration of people’s medicines. However, the number of recording errors did show that the medication audits were not effective.

Controlled drugs which must be managed under strict controls were being met. However, we found there were still a significant number of recording errors in recording of general medicines. This was an issue highlighted at the last inspection. In addition, one person’s medicine, that was to be administered in the morning of our visit, was not available because the stock of this medicine had run out.. A new stock of this medicine was delivered to the service at lunchtime the same day and the person received their medicine but it was late.

The environment was clean and well maintained, with the exception of the kitchen which was not meeting the standards of the service cleaning schedule. The service had

a designated hand washing sink in the kitchen but no hand washing information available. Similarly there was no guidance information about how to wash your hands at any other wash hand basin in the home.

The service employed a maintenance person who carried out regular repairs and maintenance work to the premises in a timely way. There were records that showed manual handling equipment had been serviced. There was a system of health and safety risk assessment. There were smoke detectors and fire extinguishers in the premises. Fire alarms and evacuation procedures were checked by staff and external contractors, to ensure they worked effectively.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately. Staff received safeguarding training as part of their initial induction and this was regularly updated. There were no recent safeguarding referrals that had been made to the local authority.

There were effective systems in place to help people manage their finances. The registered person told us the service usually paid for small items, such as hairdressing, and then invoiced for these costs afterwards. The registered person carried out audits of the records kept of the monies spent.

There were risk assessments in place which identified risks and the control measures in place to minimise risk. For example, how staff should support people when using equipment, reducing the risks of falls and reducing the risk of pressure ulcers. Where necessary people’s risk assessments included a manual handling plan. This plan gave staff clear guidance and direction about how to use the identified equipment to support people to mobilise safely. On the day of inspection some staff were receiving manual handling training from a qualified trainer in safe manual handling techniques. Staff assisted people to move from one area of the home to another safely. Staff carried out correct handling techniques and used equipment such as walking frames or wheelchairs as appropriate to the individual person.

Incidents and accidents were recorded in the service. We looked at records of these and found that appropriate

Is the service safe?

action had been taken and where necessary changes made to learn from the events. Events were audited by senior staff to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks.

There were enough skilled and experienced staff to help ensure the safety of people who lived at the service. The registered person explained that currently the service was recruiting for one full time care staff and for bank staff to cover periods of staff absence. When needed the service used agency staff to make sure enough staff were available to meet people's needs. People and visitors told us they thought there were enough staff on duty and staff always responded promptly to people's needs. On the day of the inspection there were three care staff on duty from 8.00am

to 2.00pm and either two or three care staff on duty from 2.00pm to 10.00pm for 17 people. In addition there was also a cook who worked in the morning, a maintenance person, the registered person and the deputy manager. People had a call bell in their rooms to call staff if they required any assistance. We saw people received care and support in a timely manner.

The service had completed a thorough recruitment process to ensure that new staff had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Is the service effective?

Our findings

Staff were knowledgeable about the people living in the service and had the skills to meet people's needs. Relatives told us they were confident that staff knew people well and understood how to meet their needs.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. All care staff had either attained or were working towards a Diploma in Health and Social Care. There was a programme to make sure staff received relevant training, and refresher training was kept up to date. The service provided training specific to the needs of people living in the service, such as dementia awareness and medicines management. Staff told us there was now more training available. We saw a training board displayed in the office with the calendar for training written down and names of staff who would be attending. On the day of inspection a group of staff were receiving manual handling training to help them be aware of how to assist people safely with moving, and with the use of equipment such as hoists.

Staff told us they felt supported by managers and they received regular one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff also said that there were regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

Staff completed an induction when they commenced employment. New employees were required to go through an induction which included training identified as necessary for the service, familiarisation with the service, and the organisation's policies and procedures. There was also a period of working alongside the more experienced staff until such time as the worker felt confident to work alone. The service had not employed any new staff recently and were in the process of updating their induction in line with the Care Certificate to implement with new staff in the future. The Care Certificate replaced the Common Induction Standards in April 2015. This is designed to help ensure care staff that are new to care, have a wide theoretical knowledge of good working practice within the care sector. The Care Certificate should be completed in the first 12 weeks of employment. Existing staff told us they had completed a refresher course on the Care Certificate.

Health professionals told us staff had good knowledge of the people they cared for and made appropriate referrals to them when people needed to see a health professional. People and visitors told us they were confident that a doctor or other health professional would be called if necessary. Visitors told us staff always kept them informed if their relative was unwell or a doctor was called. One visitor said, "They're very good at letting us know if anything is wrong or the doctors been in to see [person]. Recently I was asked to help with information about what [person] used to do. It's a good place". [Person's name] looks really well, much better than when she first moved in."

The service monitored people's weight in line with their nutritional assessment. People were provided with drinks throughout the day of the inspection and at the lunch tables. People we observed in their bedrooms all had access to drinks.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences. We observed the support people received during the lunchtime period. Staff asked people where they wanted to eat their lunch and most people chose to eat in the dining room. There was an unrushed and relaxed atmosphere and people talked with each other, and with staff. People were given plates and cutlery suitable for their needs and to enable them to eat independently. For example one person had their meal cut up into small pieces and served in a bowl with a spoon and this enabled them to eat their meal without assistance from staff.

Staff asked people for their consent before delivering care or treatment and they respected people's choice to refuse treatment. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People were involved in making choices about how they wanted to live their life and spend their time.

The registered manager and deputy manager were clear about the content of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular

Is the service effective?

decisions, any made on their behalf must be in their best interests and be as least restrictive as possible. For example, during the last inspection we saw the service used stair gates and pressure mats in some people's rooms. Appropriate consent had not been recorded to ensure use of these restrictive practices was in the best interest of the people they were used for. During this inspection we found the service had reassessed the use of these measures and followed the guidelines within the MCA to ensure the use of potentially restrictive measures such as these was in the best interest of the person.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found

the service had made appropriate DoLS applications for everyone who required it. Staff had received training in the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS).

Care records showed the service recorded whether people had the capacity to make specific decisions about their care. For example care records stated, "[person's name] is able to make small decisions regarding what she wants to eat or wear, however, is unable to make major decisions regarding finance or health." Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Where decisions had been made on a person's behalf, the decision had been made in their best interest at a meeting involving key professionals and family where possible.

The design, layout and decoration of the building met people's individual needs. Corridors and doors were wide enough to allow for wheelchair access and there was a chair-lift to gain access to the first floor, where some bedrooms were located.

Is the service caring?

Our findings

On the day of our inspection there was a calm and relaxed atmosphere in the service. We observed people had a good relationship with staff and staff interacted with people in a caring and respectful manner. Staff showed they enjoyed their work and told us they thought people were well cared for at the service. Staff told us, “A lot of people have lived here for a long time. We know people really well and care for them like we would our own”.

The care we saw provided throughout the inspection was appropriate to people’s needs and enhanced people’s well-being. Staff were friendly, patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people’s wellbeing. For example, we observed staff moving one person from their wheelchair into an armchair using a hoist. Staff were patient and gentle explaining every step of the manoeuvre and talking to them throughout the procedure to prevent them from becoming anxious.

People were able to make choices about their day to day lives. People’s care plans recorded their choices and preferred routines for assistance with their personal care and daily living. Staff told us people were able to get up in the morning and go to bed at night when they wanted to. Some people chose to spend time in the lounge, dining room and others in their own rooms. People were able to move freely around the building as they wished to. Staff

supported people, who needed assistance, to move to different areas of the home as they requested. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink.

Some people living at the service had a diagnosis of dementia or memory difficulties and their ability to make daily decisions could fluctuate. The service had worked with relatives to develop life histories to understand the choices people would have previously made about their daily lives. Staff had a good understanding of people’s needs and used this knowledge to enable people to make their own decisions about their daily lives wherever possible. For example a care worker talked to a person about how the memory café was run and encouraged the person to think about whether it was something they might like to try.

People’s privacy was respected. Bedrooms had been personalised with people’s belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering.

Staff supported people to maintain contact with friends and family. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in the lounge, conservatory or in their own room.

Is the service responsive?

Our findings

People who wished to move into the service had their needs assessed before moving in, to help ensure the service was able to meet their needs and expectations.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. These were reviewed monthly or as people's needs changed. Care plans gave direction and guidance for staff to follow to meet people's needs and wishes. For example one person's care plan described in detail how staff should assist the person with their personal care including what they were able to do for themselves.

Staff told us care plans were informative and gave them the guidance they needed to care for people. For example, one person's care plan described how they may display highly anxious behaviour. Their care plan explained how staff should support the person, spend time reassuring them that they were fine, and stay with them until they were calmer. Daily records detailed the care and support provided each day and how they had spent their time. Staff were encouraged to give feedback to the service's management about people's changing needs to help ensure information was available to update care plans and to communicate at handovers.

People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves staff involved family members in writing and reviewing care plans. People told us they knew about their care plans and managers would regularly talk to them about their care.

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Ocean Hill Lodge. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

People were able to take part in a range of activities offered by the service. Staff facilitated a different activity on most afternoons and one member of staff worked part-time as an activities co-ordinator to develop the range of activities on offer. We saw people had fun playing a game that involved throwing bean bags onto spots on the floor and there was lots of laughter and people joining in. Other activities included bingo, board games, craft work and regular visiting entertainers. A local church visited regularly to conduct church services. The activities co-ordinator told us, "They [people] look forward to our activity sessions now. We have made things like a locking board for [person] because [person] used to work in engineering and enjoys all that. Other people knit and crochet." We were told some people liked to go out to the 'memory café', a local community group where people could enjoy a hot drink and a chat. There were plans to take a group of people out to see the Christmas lights and to enjoy supper at a local café.

Care plans described the type of activities each person might want to take part in and how they liked to spend their time. For example one care plan instructed staff to spend time with a person who was unable to leave their room due to health needs. Staff told us how a musical entertainer had played music for the person, with their consent, in their room. "[Person] just loved it. It was so lovely."

People and their families were given information about how to complain and details of the complaints procedure were given to people and displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so. We discussed one complaint with the registered person and saw it had been handled appropriately following the complaints procedure and successfully resolved.

Is the service well-led?

Our findings

During the last inspection we had concerns about how the service was managed. At this inspection we saw there had been many improvements made in this area. The registered person had brought in both professional and family support to handle the issues identified as needing improvement.

We looked at how the service monitored the quality and consistency of processes such as medicines management and cleanliness and infection control. We saw the registered person had introduced different layers of auditing procedures to act as a check on whether service quality measures were being met. There were daily, weekly and monthly medicine audits and daily, weekly and monthly cleaning and infection control audits used. However, on closer inspection of these audit findings it was clear they were not an accurate reflection of the service. For example, the daily audits on medicines had a five day gap where they were not done. Audits did not show the many recording errors found in medication administration records. In addition, cleaning schedules and audits were not an accurate reflection of the standards of cleanliness we saw in the kitchen.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Regulation 17.

There was now a management structure in the service which provided clear lines of responsibility and accountability. The registered person had overall responsibility for the service and was supported by a deputy manager and staff team. The registered person explained that they intended to retire and that a new service manager would be appointed as soon as possible to take on day to day management of the service due. Arrangements were in place with an experienced management consultant, who would help oversee the running of the service while the new manager was being recruited and trained.

People, visitors and healthcare professionals all described the management of the service as open and approachable. Staff and management were seen to be committed to providing good care with an emphasis on making people's daily lives as happy as possible. The registered person knew all of the people who lived at the service well and led by example. Staff had adopted and demonstrated the

same approach and enthusiasm in wanting to provide a good service for people. Staff told us that management were supportive and typical comments included "I enjoy working here."

There was a stable staff team and many staff had worked in the service for a number of years. Staff told us morale in the team was good. There was a positive culture within the staff team and we saw that they worked well together. Staff said they were both supported by senior staff and the registered person, and were aware of their responsibility to share any concerns about the care provided at the service. Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with management, at daily handover meetings, in regular staff meetings and in monthly one-to-one supervisions.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs. Healthcare professionals we spoke with told us they thought the service was now well run and they trusted staff's judgement because they had the skills and knowledge to feedback to them about people's health needs.

There were quality assurance systems in place to make sure that areas for improvement were identified and addressed. However, while progress had been made in this area since the last inspection, there were still areas for improvement. For example, in how accurate auditing processes were about medicines management and infection control procedures. The managers worked alongside staff to monitor the quality of the care provided by staff. The registered person told us that if they had any concerns about individual staff practice they would address this through additional supervision and training.

People and their families were involved in decisions about the running of the service as well as their care. The service gave out questionnaires regularly to people, their families and health and social care professionals to ask for their views of the service. We looked at the results of the most recent surveys. The answers to most of the questions about the service were rated as good. Where suggestions for improvements to the service had been made the registered person had taken these comments on board and made appropriate changes.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance People were at risk from harm because the provider had not assured auditing processes were effective and accurate to assess, monitor and improve the quality and safety of the service, particularly medicines managements and cleanliness and infection control procedures in the kitchen.