The Royal Masonic Benevolent Institution

Zetland Court

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

Overall summary

The inspection visit took place on 25 and 26 June 2015 and was unannounced.

Zetland Court is registered to provide personal care for up to 63 people. Accommodation is on three floors with two lifts for access between the floors. The home has two separate units. Nursing care is provided within The Red Admiral View and the main house is for people requiring support with personal care. There are three lounges and two dining rooms and a very large garden for people to enjoy.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 2 July 2013 the service was meeting the requirements of the regulations that were inspected at that time.

Summary of findings

There were 62 people living there at the time of our inspection. People who lived at the home, relatives and friends told us people felt safe and secure with staff to support them. We found people's care and support needs had been assessed before they moved into the home. Care records we looked at contained details of people's preferences, interests, likes and dislikes.

We observed staff interaction with people during our inspection visit, spoke with staff, people who lived at the home and relatives. We found staffing levels and the skills mix of staff were sufficient to meet the needs of people and keep them safe. The recruitment of staff had been undertaken through a thorough process. We found all checks that were required had been completed prior to staff commencing work. This was confirmed by talking with staff members.

We observed medication was being dispensed and administered in a safe manner. We observed the person responsible for administering medication dealt with one person at a time to minimise risks associated with this process. We discussed training and found any person responsible for administering medicines had received formal medication training to ensure they were confident and competent to give medication to people.

People were asked for their consent before care was provided. Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported by sufficient numbers of staff who had the knowledge, skills and experience to carry out their role. People told us that there were always staff available to help them when needed. Relatives of people who used the service told us that they visited the home at different times and on different days, and the staff always made them feel welcome. They said that staff were caring and treated people with respect, and that their relative was always comfortable and looked well cared for.

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role. Staff understood their role and what was expected of them. They were happy in their work, motivated and had confidence in the way the service was managed.

People had access to a range of health care professionals to help maintain their health. A varied and nutritious diet was provided to people. This into account their dietary needs and preferences so that their health was promoted and choices respected.

People told us they could speak with staff if they had any worries or concerns and felt confident they would be listened to.

We saw people participated in a range of daily activities both in and outside of the home which were meaningful and promoted independence.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

People using the service and their relatives had been asked their opinion via surveys, the results of these had been audited to identify any areas for improvement.

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?

Good

The service was safe.

Risks to people were assessed and reviewed and staff understood how to keep people safe.

People were protected from abuse and avoidable harm in a manner that protected and promoted their right to independence.

Arrangements were in place to ensure that medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received training and support for their roles and were competent in meeting people's needs.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected.

People enjoyed the food and drinks provided and chose what they ate at mealtimes. Staff monitored people's dietary intake to ensure people's nutritional needs were met.

People had access to healthcare services which meant their healthcare needs were met.

Is the service caring?

Good

The service was caring.

We saw that members of staff were respectful and understood the importance of promoting people's privacy and dignity.

People who used the service told us they received the care and support they needed

Visitors were welcomed into the home at any time and people were supported to maintain relationships with friends and family.

Is the service responsive?

Good

The service was responsive.

People's care plans were reviewed regularly to enable members of staff to provide care and support that was responsive to people's needs.

People who used the service were given the opportunity to take part in activities organised at the home.

A copy of the complaint's procedure was displayed in the home. No complaints had been made to the

Summary of findings

home in the past year.

Is the service well-led?

Good

The service was well led.

Members of staff told us the registered manager was approachable and supportive and they enjoyed working at the home.

There was a clear accountable management structure which staff understood.

There were systems in place for assessing and monitoring the quality of the service provided.

Zetland Court

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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection that took place on 25 and 26 June 2015. The inspection was carried out by an inspection team of two inspectors. We spoke with and met 14 people living in the home and eight relatives. Because some people were living with dementia, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the notifications we had been sent from the service since we carried out our last inspection. A notification is information about important events which the service is required to send us by law.

We also liaised with the local social services department and received feedback about the service.

We looked at seven people's care and support records, an additional four people's care monitoring records and medication administration records and documents about how the service was managed. This included staffing records, audits, meeting minutes, training records, maintenance records and quality assurance records.

We spoke with the two assistant managers in the home, six members of the care staff team, the chef, maintenance staff and an activities coordinator. We also spoke with two visiting relatives.

Good

Is the service safe?

Our findings

All of the people we spoke with during our inspection of Zetland Court told us they felt safe. We also spoke with a number of visitors who confirmed that they believed that Zetland Court was a safe place for their relative or friend to live. One person who had been living in the home for a short period of time told us, "I feel very safe, as soon as I arrived they gave me a call bell that I keep around my neck, if I need anything all I have to do is press the button." A visitor told us, "I think my husband is very safe here and the home are very good at keeping me informed about him."

All staff members had been trained in safeguarding adults. We talked with staff about their knowledge and understanding of forms of abuse. They described the signs that a person may show if they had experienced abuse and the action they would take in response. They knew how to raise their concerns with managers of the home and felt confident that if they did raise concerns action would be taken to keep people safe in line with the provider's safeguarding process. We looked at records which showed the provider had made appropriate referrals to the local authority to protect people from the risk of harm. Staff also told us that they received feedback following safeguarding investigations and protection plans by the local authority and home. This enabled staff to keep people in the home safe.

We checked staff rotas in the Red Admiral View, which is the nursing unit of the home. People in this unit were supported by a registered nurse, four care staff in the morning and afternoon and a registered nurse and a registered nurse and two care staff at night time. In the main house, people were supported by one shift leader and eight members of care staff in the morning and a shift leader and six members of care staff in the afternoon. At night time people were supported by one senior carer and four members of staff. The home was also supported by a facilities manager, two assistant managers and the registered manager. Ancillary staff were also employed; there were chefs, domestic assistants and facilities staff on duty every day. On the day of the inspection we saw that there were sufficient numbers of staff on duty and we noted that everyone we spoke with, including staff and visitors to the home, told us that there were sufficient numbers of staff on duty.

We checked the recruitment records for four members of staff and saw that the application form recorded the names of two employment referees, proof of identification, a declaration as to whether they had a criminal conviction and the person's employment history. Prior to the person commencing work at the home, checks had been undertaken to ensure that they were suitable to work as a care worker, such as references, a Disclosure and Barring Service (DBS) first check and a DBS check. DBS checks identify whether people have committed offences that would prevent them from working in a caring role. We saw that a thorough interview had taken place that was recorded on an interview form.

The provider identified and managed risks appropriately. We saw each person's care plan included a personalised set of risk assessments that identified the potential hazards people may face. Staff told us these assessments provided them with detailed guidance about how they should support people to manage identified risks and keep them safe. For example, care plans contained clear instructions for staff about what moving and handling equipment they should use to transfer certain individuals and how it should be used. Another person's care plan detailed what staff should do if the person suffer a seizure. Several staff gave us examples about people's specific dietary requirements and how their meals needed to be prepared to minimise the risk of them choking on their food.

There were arrangements in place to deal with emergencies. We saw the provider had developed contingency plans for people, visitors and staff to follow in the event of an unforeseen emergency, such as a fire. Records showed that staff had also received training in basic first aid.

We saw the home was well maintained, which also contributed to people's safety. Maintenance and servicing records were kept up to date for the premises and utilities, including water, gas and electricity. Maintenance records showed us equipment, such as fire alarms, extinguishers, mobile hoists, the passenger lift, call bells, and emergency lighting were regularly checked and serviced in accordance with the manufacturer's guidelines. We saw evacuation sledges and fire extinguishers were available throughout the home. We also saw care plans contained personalised emergency evacuation procedures (PEEPs) for people in the home. Other fire safety records indicated staff

Good

Is the service safe?

routinely participated in fire evacuation drills, the last of which took place in April 2015. Staff demonstrated a good understanding of their fire safety roles and responsibilities and told us their fire safety training was refreshed annually.

Legionella are water-borne bacteria that can cause serious illness. Health and safety regulations require persons responsible for premises to identify, assess, manage and prevent and control risks, and to keep the correct records. We saw that there were processes in place to manage risk. Legionella testing had recently taken place.

People told us they received their prescribed medicines on time. One person said, "Staff give me my medicine and I haven't had any problems." We saw all medicines, were kept securely locked away. Medicine records showed that each person had an individualised medicine administration sheet (MAR), which included a photograph of the person with a list of their known allergies. We looked at a selection of MAR. Most of the records we looked at had been completed accurately. However, we noted some errors where the medicine had not been given to the person and the MAR had not been completed. This was an area for improvement. We discussed this with the assistant manager who told us that the home was completing regular audits of medicines and any errors were discussed with the staff responsible. They told us that the way in which medicines were being handled and administered in the home was being reviewed to try to reduce any errors. We discussed the use of PRN (as required) pain relief for those people who may not be able to tell staff that they were experiencing pain. The assistant manager told us that pain assessment tools were available and used by staff before administering medicines, however there were currently no people in the home who were not able to tell staff if they were in pain.

Some medicines required storage at a low temperature. The provider had a fridge to keep these medicines at the correct temperature. Staff were conducting regular temperature checks to ensure the medicines were kept at the correct temperature. There were appropriate systems in place for the management of controlled drugs.

Some staff who managed medicines had been competency assessed to ensure the safe management of medicines. This meant that people living at the home and the provider could be assured that staff had the necessary skills and knowledge to administer medicines safely. We discussed this with the assistant manager who told us that there was a running programme to ensure that all staff who managed medicines were competency assessed annually.

People told us they were very happy with the way the home was kept clean. One person told us, "The staff work very hard to keep the home clean." All areas of the home were clean and fresh. The laundry room was organised and clean and dirty clothes were segregated to prevent cross contamination. The washing machines the home used were industrial and the home had a sluice room that had recently been renovated and was clean and tidy. We spoke to a member of domestic staff who explained how they kept the home clean, adhering to infection control policies. They explained how they used different coloured mops for cleaning different parts of the home to prevent cross contamination. We saw that the kitchen was clean and well organised. We spoke to the chef who explained how they kept the kitchen clean. The service held a five star rating for food hygiene from Environmental Health, which is the highest rating that can be attained.

The assistant manager explained that the night staff were responsible for cleaning wheelchairs and other equipment. They told us that slings were cleaned on a when needed basis, but there was no system in place to ensure slings were cleaned regularly. They told us that they would action this.

Good

Is the service effective?

Our findings

People received care from staff who were appropriately trained. People told us staff had the right knowledge, skills and experience to meet their needs. One person said, "The staff are helpful in any way", while another person told us, "I think the staff do a good job here and I think they are well trained". A relative was complimentary about the positive attitude and competency shown by staff.

Records showed it was mandatory for all new staff to complete an induction, which included shadowing experienced members of staff. Staff had regular opportunities to refresh their existing knowledge and skills. One member of staff told us, "I am currently completing a Health and Social care course which is being paid for by the organisation, which wasn't available to me where I worked previously". Staff spoke positively about the training they received. Some staff were in the process of completing a five day dementia training course during our inspection. They told us how dementia training had helped them to understand the needs of people living with dementia.

All staff received regular supervision and an annual appraisal. These processes gave staff formal support from a senior colleague who reviewed their performance and identified training needs and areas for development. Other opportunities for support were through staff meetings, handover meetings between staff at shift changes and informal discussions with colleagues. Staff told us they felt well-supported. They said there was a good sense of teamwork and staff cooperated with each other for the benefit of the people who lived at the home.

On the day of the inspection we saw that people were encouraged to make decisions and that choices were explained to them clearly. Staff told us that they encouraged people to make choices such as meals, drinks, activities and what time to get up and go to bed. One member of staff said, "We always try to give people a choice and people living in both parts of the home get involved in the activities provided."

Staff had an understanding of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals. Staff knew how to support people to make decisions and were clear about the procedures to follow where an individual lacked the capacity to consent to their care and treatment. We looked at staff training records that showed that staff had completed training in the MCA.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The registered manager had made some Deprivation of Liberty Safeguard (DoLS) applications for people living at the home. For example, when a person did not have the capacity to make a decision about where they lived and consent to the arrangement. The DoLS was to ensure they resided in a place of safety and received care in their best interest. Staff we spoke with had a good understanding of DoLS and were able to tell us about one person who was subject to a DoLS and the way in which they supported them in accordance with their care plan.

The assistant manager told us that there were people who lived at the home who were living with dementia. Signage had been provided to assist people living with dementia to find their way around the home, such as signs for the kitchen, toilets and bathrooms. However, the assistant manager told us that Red Admiral View was undergoing refurbishment to make it more suitable for people living with dementia. They showed us the lounge that had recently been extended, and the raw materials which were to be used to create a sensory garden. They explained that other improvements included colour coded doors, coloured handrails and other improvements in accordance with National Institute for Health and Care Excellence (NICE) guidelines.

The home had a four weekly menu cycle. We spoke with the chef, who told us the menus were changed in response to feedback from people living in the home. They told us this gave useful ideas on menus and also gave a very personal feel to what people preferred as their choices.

The chef was able to tell us about people's individual dietary needs and preferences. For example, how they catered for people with diabetes. They also told us they

Good

Is the service effective?

worked to the guidelines provided by the speech and language therapist for people who needed a soft diet because of swallowing difficulties. They told us how they fortified food for people who were nutritionally at risk.

We observed the meal service in the Red Admiral View dining room at lunchtime. The tables were nicely set with table cloths and napkins. We saw people were offered a choice of cold drinks, fruit squash or water with their meals. The food was well presented and looked and smelled appetising. The meal service was pleasant and relaxed with people being given ample time to enjoy their food. We observed staff gently encouraging and supporting people to eat where necessary. However we observed that one person struggled to eat their meal independently. We saw a visitor recognised this and assisted the person to eat for a few minutes. Following the meal service we checked this person's care plan, we saw that instructions for staff included prompting and sometimes supporting the person to eat during mealtimes. We discussed this with the assistant manager and noted during the mealtime service the following day, the person was assisted to eat by a member of staff. People told us they enjoyed their lunch. One person said, "The food is good, I have no complaints." A visitor told us, "The food is very good, when I visit I am asked if I would like tea or coffee and whether I will be staying for lunch. I cannot fault it."

Drinks and snacks were served mid-morning and in the afternoon. We observed staff offering people a choice of drinks throughout the day.

We looked at people's care plans, risk assessments had been carried out to check if people were at risk of malnutrition. The records showed that most people's weights were checked at monthly intervals depending on the degree of risk. The assistant manager told us that food/fluid charts were used to record and monitor what people were eating and drinking when required. We saw that people's weights were regularly audited, however it was not always clear what actions were taken to promote the welfare of people when they were as being at risk of malnutrition. For example, one person was recorded as having a BMI of 16 which meant that they were underweight. Their nutritional care plan detailed that staff were to offer the person fortified foods and high calorie snacks and 'monitor' food intake. Their Malnutrition Universal Screening Tool recorded they were at 'high risk'. There was no record monitoring their food intake, nor was there any record of any professional guidance sought from a dietician or the person's GP to ensure the person's welfare. This was an area for improvement.

People were supported to maintain their health and had access to healthcare professionals when required. We saw records that showed various professionals such as the district nurse, chiropodist and GP visiting people in the home. This showed people's healthcare needs were being identified and they were receiving the input from healthcare professionals they required.

Good

Is the service caring?

Our findings

People were supported by caring and attentive staff. People spoke positively about the staff and typically described them as “kind and caring”. Comments we received included, “I’m very happy here. The staff are so friendly and helpful”; “I couldn’t wish for better” and “The home is beautiful and the staff are kind”. Feedback we received from two relatives was complimentary about the standard of care and support provided by staff at the home.

During the inspection we observed interactions between people and staff. People appeared comfortable and relaxed in the presence of staff. Staff spoke to people in a respectful and warm manner and paid attention to ensure people’s needs were met. For example, one member of staff recognised a person might be cold and asked them if they would like a blanket. Another member of staff involved a person in a work based activity that they were undertaking. In our conversations with staff we noted they also spoke about people in a kind and respectful way. The atmosphere in the home remained pleasant and relaxed during both days of our inspection.

Most of the rooms at the home were for single occupancy. This meant that people were able to spend time in private if they wished to.

Staff mostly respected people’s privacy and dignity and interacted with them in a positive manner. We spoke with staff who told us ways in which they promoted people’s privacy and dignity, such as ensuring doors were shut and curtains closed when assisting people with personal care and using towels to promote people’s dignity. However, we observed two occasions where people’s dignity was compromised. We observed one occasion where a member of staff was supporting a person to eat in an undignified manner. This was an area for improvement.

Staff had a good understanding of people’s needs, some of their personal preferences and the way they liked to be cared for. For example, staff knew how one person liked to be presented, activities that they enjoyed. People’s life histories and personal preferences were recorded in their care plans.

People told us that staff encouraged them to maintain relationships with their friends and family. One person said, "I am only staying for just over a week. I have had friends visit me for afternoon tea yesterday and I have friends coming to visit me for tea today. Yesterday the staff organised tea and biscuits for us, and we sat outside on the terrace. It was lovely.” We found that people’s relatives and those that mattered to them could visit them or go out into the community with them.

On the day of our inspection one person was receiving end of life care. We saw that the staff were supporting this person in their wish to remain living at the home whilst receiving end of life care. There was a clear plan of care in place and end of life drugs were in place. We observed that staff were sensitive and attentive to this person’s needs. The assistant manager explained that people’s advanced wishes were also documented if people wished. The relative of this person told us that they were very happy with the care and support that their loved one was receiving from the staff at the home.

Good

Is the service responsive?

Our findings

People felt that the staff were responsive to their needs and added that they received the care they needed. Comments received from people included, "Couldn't wish for better" and "I am extremely fortunate and privileged to be here." One relative stated, "The staff are good, [person] is well looked after here."

People received personalised care that was responsive to their needs. People were assessed by a manager prior to being admitted to the home and were involved in planning their care. The care plans followed the activities of daily living such as communication, personal hygiene, continence, moving and mobility, nutrition and hydration and medication. The care plans were supported by risk assessments. Information in people's care files was personalised and gave an accurate picture of people's health needs but also their individual routines, likes and dislikes. This included their spiritual needs, their social contacts, preferred foods and activities. The care records were reviewed regularly and as people's needs changed these records were updated to reflect their current needs. People we spoke with were aware of their care records.

People's bedrooms reflected their personality, preference and taste. For example, some bedrooms contained articles of furniture from their previous home and people were able to choose furnishings and bedding. People were offered choices and options. They had choice about when to get up and go to bed, when to have breakfast, what to eat, what to wear, and what to do.

People told us that a range of activities and social events were available to them that met their needs and preferences. The home employed activities co-ordinators and we looked at the entertainment programme, which included, art club, skittles, memory café and social drinks.

We saw photos of a recent summer fete that took place in the gardens of the home as well as a recent boat trip. We observed people sitting and talking with each other or with their visitors, having their nails painted and watching films.

People were supported to pursue their hobbies and interests. For example, the home had two personal computers available for people to browse the internet, keep in contact with friends and relatives or play games. We observed one person playing solitaire during our inspection.

Visitors to the service told us they were made to feel welcome and we saw that people were supported to maintain relationships with people important to them and participate in social activities and outings. The assistant manager explained that there were a group of individuals called 'The friends of Zetland Court', who were involved in supporting the home. They had recently donated a minibus to the home to support people to access the local community.

When people went out staff supported them when needed. One person told us that they regularly went to a church service. We saw that Holy Communion also took place in the home on a regular basis. The service had a complaints procedure on display in the reception area for people to see. The assistant manager told us the staff team worked closely with people who lived at the home and relatives to resolve any issues. They had not had any complaints over the last 12 months.

People we spoke with about the complaints policy were aware of it and knew the process to follow should they wish to make a complaint. One person who lived at the home said, "I have no complaints and have not had to complain. If I did I would speak to the manager." A visitor told us that they had no complaints about the care provided at the home.

Good

Is the service well-led?

Our findings

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was supported by two assistant managers who were each responsible for the residential and nursing parts of the home.

Information received from the local authority prior to this inspection confirmed that there were no concerns about how the home was being managed.

Members of staff told us they liked working at the home and the registered manager was approachable and supportive. One member of staff said, "I think the registered manager and assistant managers are doing a good job. We were without a manager for a long period of time and when Debbie joined there were a lot of things that needed improving and lots of a change at once is hard for the staff. Its settling down now and definitely a better home." Another member of staff told us, "I think we have experienced management in place now, Debbie is also a fair manager."

People who lived at the home, staff and relatives told us how supportive the registered manager and assistant managers were. Comments included, "I think the home is well managed, we have a new manager and we have had lots of positive changes. The shop in the home is now open more often and there are more activities for residents." Another person told us, "We can talk to Debbie she's approachable and listens."

People told us they were encouraged to share their opinions in how the service was run. Resident meetings were held and relatives were also invited to attend. We saw that people's feedback was discussed during these meetings and actions taken as a result of their feedback. For example, changes to the menu, upcoming events and changes to the Red Admiral View.

Meetings were held involving staff at different levels of the organisation so that staff could discuss issues relevant to their role. For example, a trained staff meeting was held on the 27 October 2014, a night staff meeting was held on the 12 February 2015, a team leader and senior carer meeting was held on 10 June 2014 and a head of department meeting was held on the 1 June 2015.

Staff handover meetings took place at the beginning of each shift. This informed staff coming on duty of any problems or changes in the support people required in order to ensure that people received consistent care.

There were systems in place to monitor the quality of service. An annual survey was completed in the home. We looked at the home's 2014 survey. We saw that there were a total of 34 resident's responses. 100% of people agreed that the home was a safe place to live. 97% of people felt that their privacy was respected. 94% of people felt that they could take part in activities/hobbies should they choose to. We saw that an action plan had also been created to address any lower scoring areas. For example following feedback regarding the variety of the food in the home, a food survey was organised to obtain people's views regarding the home's food menu, in order to improve this score.

The registered manager implemented innovative ideas to improve people's care experiences. For example, there was a large 'change train journey' on display on the wall in one of the corridors in the home. The purpose of this piece of work was to enable the provider to continuously look at the service and implement improvements in care delivery. The change train journey was arranged under the CQC domains, 'safe', 'effective', 'caring', 'responsive' and 'well led'. We saw that improvements made to the service from the 1 October 2014 to the 31 March 2015 included the introduction of competency based interviews, senior staff being more visible, the employment of two assistant home managers, improvement of the sluice room and a café area developed in the main house. There was also the opportunity for staff to write their suggestions and ideas on the wall to contribute to further improvements. We saw that a further action plan was in place to improve the service on an on going basis.

We saw that well managed systems were in place to monitor the quality of the care provided. Frequent quality audits were completed. These included checks of; medicines management, care records, incidents, weights, infection control and health and safety. These checks were regularly completed and monitored to ensure and maintain the effectiveness and quality of the care.