The Regulation and Quality Improvement Authority

Inspection Report

21 June 2024

Strathearn Court Care Home

Type of service: Nursing Home
Address: 229 Belmont Road,
Belfast BT4 2AH
Telephone number: 028 9065 6665

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Beaumont Care Homes Limited **Responsible Individual:** Mrs Ruth Burrows	**Registered Manager:** Mr John Cherian **Date registered:** 16 October 2020
Person in charge at the time of inspection: Miss Suzanne Curry – deputy manager	**Number of registered places:** 55
Categories of care: Nursing Home (NH) I – old age not falling within any other category PH – physical disability other than sensory impairment PH(E) - physical disability other than sensory impairment – over 65 years TI – terminally ill	**Number of patients accommodated in the nursing home on the day of this inspection:** 47
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 55 patients. Patients' bedrooms, communal lounges and dining rooms are located over two floors in the home. Patients have access to an enclosed courtyard garden.	

2.0 Inspection summary

An unannounced inspection took place on 21 June 2024 from 9.00 am to 5.45 pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff members were helpful and pleasant in their interactions with them.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

RQIA were assured that the delivery of care and service provided in Strathearn Court Care Home was provided in a compassionate manner.

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and Section 6.0.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection patients, relatives and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in Strathearn Court Care Home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the regional manager at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. One patient said, "It is wonderful here. The surroundings are great. There are plenty of staff and they are pleasant", while another patient said, "The staff are great. It couldn't be better. The food isn't bad and you get a choice." A further patient said, "I am absolutely happy with the care I get. The staff check on me regularly."

Relatives spoken with were complimentary of the care provided in the home. One relative said, "The staff are brilliant. The boys are as good as the girls! I feel involved in my relative's care." A further relative said, "My relative is getting the very best of care. They are content and happy."

Staff spoken with said that Strathearn Court Care Home was a good place to work. Staff commented positively about the manager and described them as supportive and approachable. One staff member said there was "brilliant teamwork" in the home. The deputy manager confirmed that there were good working relationships between staff and management and was very complementary of all the staff who work in the home.

One response was received to the online staff survey from a staff member who indicated a high level of satisfaction with the care provided within the home. Four questionnaires were returned by one patient, one relative and two staff which indicated a high level of satisfaction with the service. Comments received included, “The care provided to our residents is very good. I work with a great team of people,” and “The care I received is brilliant. I love living here. I feel safe in my home and the staff support me with all my needs.” Further comments included, “The care my mum gets is brilliant. The staff are so caring.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 9 May 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 13(4) **Stated:** First time	The registered person shall ensure safe systems for the management of warfarin are in place.	**Carried forward to the next inspection**
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall review the management of medicines on admission to the home. Medicine regimens must be confirmed in writing from the prescriber. Records of the receipt of medicines brought into the home by newly admitted patients must be fully and accurately maintained.	**Not met Carried forward to the next inspection**
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Area for improvement 3 **Ref**: Regulation 13 (7) **Stated:** First time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the following: • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 30 **Stated:** Second time	The registered person shall review the storage arrangements for medicines to ensure: - the identified medicine overstock cupboard locks are suitably repaired/replaced to ensure medicines are stored securely - medicines are stored below 25ºC to maintain their efficacy and stability.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 **Ref**: Standard 6.14 **Stated:** First time	The registered person shall ensure that accurate records of oral care delivery are maintained.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

A review of a selection of recruitment records confirmed that not all pre-employment checks had been completed prior to each staff member commencing in post. This was discussed with the regional manager who provided assurances regarding oversight of recruitment files. An area for improvement was identified.

Checks were made to ensure that staff maintained their registration with the Nursing and Midwifery Council (NMC) or with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty. It was noted that the rota was not signed by the manager or a designated representative and did not consistently contain the full name of all staff working in the home. This was discussed with the regional manager who agreed to address this with the manager.

A number of staff were not wearing name badges. This was discussed with the manager who confirmed these were on order for those staff who did not have one.

Review of records confirmed all of the staff who take charge of the home in the absence of the manager had completed a competency and capability assessment to be able to do so. Review of records evidenced that not all agency staff had been inducted to the home. This was discussed with the regional manager who agreed to arrange a review their current systems without delay and meet with nursing staff to ensure all agency staff received an induction. An area for improvement was identified.

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted with confirmed that they received regular training in a range of topics such as manual handling, infection prevention and control (IPC) and fire safety. Review of the training records and discussion with the deputy manager confirmed that all staff had not completed training in Deprivation of Liberty Safeguards (DoLS). The manager confirmed in an email received following the inspection that this training has now been delivered to all staff.

Staff said they felt well supported in their role and were satisfied with the level of communication between staff and management. Staff reported good team work and had no concerns regarding the staffing levels. Review of staff meeting minutes confirmed that staff meetings were held on at least a quarterly basis.

Patients spoke positively about the care that they received and confirmed that staff attended to them in a timely manner; relatives said that they would have no issue with raising any concerns to staff. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff told us they met at the beginning of each shift to discuss any changes in the needs of the patients. Staff members spoken with were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff members were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. However, examination of the recording of repositioning evidenced patients were not consistently repositioned in keeping with their assessed needs and shortfalls in record keeping were identified. This was discussed with the regional manager and an area for improvement was identified.

Management of wound care was examined. Review of a selection of care records confirmed that wound care was provided in keeping with care plan directions.

Falls in the home were monitored monthly and records were kept. Examination of these records evidenced that these were managed in keeping with best practice guidance.

At times, some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails. Bedrail risk assessments clearly identified if bedrails were a suitable intervention. It was noted that many of the patients in the home were using bedrails although the monthly audit did not review if this was the least restrictive form of restraint. This was discussed with regional manager who agreed to review their use.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. A variety of drinks were served with the meal. Most patients spoke positively in relation to the quality of the meals provided. Comments received from a small number of patients were discussed with the regional manager who arranged for catering staff and the manager to meet with the patients to discuss their concerns.

A daily menu was not displayed in either of the dining rooms and plastic tumblers were used at mealtimes for serving drinks to patients; a choice of glassware was not available. A number of relatives and patients spoken with said they would prefer to drink from a glass. Both these issues were discussed with the manager during the previous care inspection. An area for improvement was identified.

Patients may need support with meals ranging from simple encouragement to full assistance from staff. Staff attended to patients' dining needs in a caring and compassionate manner while maintaining written records of what patients had to eat and drink, as necessary. Records of patients' intake and outputs were recorded where this was required.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of food and fluids.

Examination of a selection of modified diet records confirmed these contained conflicting information regarding the levels of food and fluid recommended for at least one identified patient. Some menu choice records reviewed only contained the patient's first name. This had the potential to cause confusion in relation to the delivery of patient care. This was discussed with the manager who agreed to amend records relating to the management of patients on modified diets and review the mealtime experience with consideration given to the introduction of a "safety pause" at mealtimes. This will be reviewed at a future care inspection.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Review of a selection of care records evidenced that some care plans had not been fully developed within a timely manner to accurately reflect the patient's assessed needs. This was discussed with the deputy manager who arranged for the care file to be update before the end of the inspection. An area for improvement was identified.

Patient care plans should be developed in consultation with the patient or their representative. Review of records identified that there needed to be evidence of discussion with patients and/or their representatives around care planning. This was discussed with the regional manager who agreed to meet with nursing staff and monitor improvements through care record auditing.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was also recorded.

Some patients required one to one care. Examination of care records evidenced that person centred care plans were in place. However, discussion with care staff confirmed care plans and records detailing the one to one care required or any information regarding the patients likes and preferences was not readily available to care staff. This was discussed with the regional manager who agreed to review this in consultation with the manager.

Shortfalls were identified in the completion of supplementary care records such as hourly checks. It was noted that some of these records had not been completed contemporaneously. This was discussed with the regional manager who confirmed this will be addressed with the staff concerned and increased monitoring of record keeping with be implemented.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was warm, clean and comfortable. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were tastefully decorated. Some patient equipment such as bedside tables were damaged and required replacing. Assurances were provided by the manager that these had been ordered and would be replaced without delay.

A number of lounges in the home did not have curtains. This was identified during the previous care inspection and despite assurances from the manager that this would be addressed satisfactory progress had not been made. In order to drive the necessary improvement, an area for improvement was identified.

It was observed that multiple areas in the home required repair or decoration. Areas of concern included; stained/damaged paintwork in bedrooms and corridor walls and damaged/chipped woodwork which included doors and vanity units in bedrooms. The above observations were discussed with the regional manager who agreed to address the matters raised with the manager and review their environmental audits and refurbishment plans. An area for improvement was identified.

Concerns about the management of risks to the health safety and wellbeing of patients, staff and visitors to the home were identified. For example, a domestic cleaning trolley was unsupervised on two occasions allowing potential patient access to substances hazardous to health, while food and fluid thickening agent was stored in an area of the home that was accessible to patients. These matters were discussed with staff who took immediate action. An area for improvement were identified.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Staff members were aware of their training in these areas and how to respond to any concerns or risks. A fire risk assessment had been completed on 14 May 2024 and there was evidence that the areas of concern identified by the fire risk assessor had been signed off as fully addressed by the manager. It was noted that a door stop was used to prop open an office door and that some fire doors were not closing properly. This was discussed with the management team, who provided assurances that the practice of propping doors open would cease and that the door closing mechanisms had all been reviewed and addressed.

There were laminated posters displayed at hand washing points to remind staff of good hand washing procedures. Hand sanitisers were available throughout the home although not always readily available at personal protective equipment (PPE) stations.

Discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided. Staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly. A small number of shortfalls in individual staff practice were discussed with the manager who agreed to address this through supervision.

5.2.4 Quality of Life for Patients

Staff offered choices to patients throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. The atmosphere throughout the home was warm, welcoming and friendly. Patients looked well cared for and were seen to enjoy warm and friendly interactions with the staff.

Patients were observed reading, listening to music and watching TV in their bedrooms, while others enjoyed a visit from relatives. Patients and relatives were very complimentary of the Thursday morning coffee morning and commented that it was an opportunity to socialise.

Planned activities were displayed in the home although they contained conflicting information as to what was planned. Some of the content of the activity planner was repetitive.

There was no evidence this had been reviewed recently in consultation with the patients or that it reflected their likes and preferences. Gaps in record keeping regarding activities delivered were identified following a review of records; it was not clear that registered nursing staff had oversight of activity care plans and evaluations completed by the activity co-ordinator. Further work is required to ensure the delivery and evaluation of meaningful activities to all patients is evidenced. This was discussed with the regional manager who provided verbal assurances that they would review care planning and record keeping regarding activities and meaningful engagement within the home. RQIA were satisfied that the regional manager understood their role and responsibilities in terms of activity provision and needed a period of time to address this area of work. Given these assurances additional areas for improvement were not identified on this occasion. This will be reviewed at a future care inspection.

5.2.5 Management and Governance Arrangements

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Discussion with the deputy manager and staff confirmed that there were good working relationships between staff and management.

There has been no change in the management of the home since the last inspection. Mr John Cherian has been the manager since 16 October 2020. RQIA were notified appropriately.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were analysed on a monthly basis. However, discussion with the manager and review of records evidenced that not all complaints had been recorded appropriately. The manager agreed to review how complaints were recorded and complete records for a number of complaints retrospectively.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly. However, there was evidence that not all incidents were recorded appropriately. For example, it was not clear from records reviewed what actions were taken following at least three incidents. This was discussed with the regional manager who agreed to meet with the manager to discuss record keeping.

Review of incident records raised concerns about the manager's knowledge in relation to the management and oversight of the adult safeguarding process. This was discussed in detail with the regional manager. Assurances were provided that safeguarding awareness training would be provided to the manager and that the regional manager would provide additional support where required.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. Review of a sample of audits confirmed that improvements were required regarding the auditing of care records and the home environment. For example, the current environmental audit did not highlight the deficits identified on inspection. In addition, while the care record audit was identifying shortfalls, there was no evidence of quality assurance by the manager. Action plans were not developed that distinguished who was responsible for addressing the issues and by when. An area for improvement was identified.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	4*	7

*The total number of areas for improvement includes two that have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Stephanie Flack, Regional Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** Ongoing from the date of inspection (29 November 2022)	The registered person shall ensure safe systems for the management of warfarin are in place. Ref: 5.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** Ongoing from the date of inspection (29 November 2022)	The registered person shall review the management of medicines on admission to the home. Medicine regimens must be confirmed in writing from the prescriber. Records of the receipt of medicines brought into the home by newly admitted patients must be fully and accurately maintained. Ref: 5.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 **Ref**: Regulation 27 (2) (d) **Stated:** First time **To be completed by:** 21 August 2024	The registered person shall ensure the environmental deficits identified on inspection are addressed without delay. A suitable and achievable time bound program for this work should be submitted, along with the returned QIP, for information and comment. Ref: 5.2.3
	Response by registered person detailing the actions taken: The Environmental deficits that have been highlighted during the inspection will be actioned in a timely manner. An environmental action plan is in place. Work has commenced on the painting of bedrooms and will continue to include communal areas and door frames. The Registered Person will ensure that environmental audits are completed quarterly and will carry out identified remedial works where required. Progress will be monitored via the Operations Manager as part of the Monthly reg 29 visit

Area for improvement 4 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** 21 June 2024	The registered person shall ensure that all areas of the home to which patients have access are free from hazards to their safety. Ref: 5.2.3
	Response by registered person detailing the actions taken: Supervision on the safe use and storage of thickeners has been carried out with all nursing and care staff. All units have been supplied with secure thickener storage boxes where thickeners will be stored when not in use. A Domestic staff meeting has taken place and the issue of trolleys being left unattended was discussed. Supervision has also been completed to ensure staff are fully aware of the safety risk to residents and relatives by leaving these unattended and that the practice of leaving these unattended is unacceptable. Trolleys will be taken inside the room where the task is being completed and locked in the store when not in use. The registered person will ensure that this practice is monitored through walkaround and any deficits addressed immediately. Compliance will be monitored by the Operations Manager as part of the monthly monitoring visit.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref**: Standard 38.3 **Stated:** First time **To be completed by:** 21 June 2024	The registered person shall ensure that the appropriate pre-employment checks are made before making an offer of employment. Ref: 5.2.1
	Response by registered person detailing the actions taken: The Registered person will ensure that the required pre-employment checks are completed for each and every new employee. This information will be printed off and added to the colleague's personnel file. Agency staff profiles will be checked for compliance prior to offering shifts and these will be retained in the agency induction file. Compliance will be checked during the in-house governance process and via the Operations Manager during the Reg 29 visit.

Area for improvement 2 **Ref:** Standard 39.1 **Stated:** First time **To be completed by:** 21 June 2024	The registered person shall ensure that all staff newly appointed, including agency staff, complete a structured orientation and induction programme in a timely manner and that records are retained for inspection. Ref: 5.2.1
	Response by registered person detailing the actions taken: The Registered Person will ensure that all new permanent and agency staff are completing a structured orientation and mandatory induction programme within a timely manner. The registered person will ensure that records of induction / orientation are available if required. Compliance will be monitored as part of the Regulation 29 audit carried out by the Operations Manager
Area for improvement 3 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 21 June 2024	The registered person shall ensure that repositioning records evidence the delivery of pressure area care as prescribed in the patients care plan. These records should be accurately completed. Ref: 5.2.2
	Response by registered person detailing the actions taken: The registered person will ensure that repositioning records are completed in line with policy. Supervision has been completed for all staff. Compliance will be monitored through spot checks and reinforced at daily flash meetings. The Operations Manager will also review as part of the monthly Regulation 29 visit.
Area for improvement 4 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 21 June 2024	The registered person shall ensure that the patient dining experience is reviewed with regards to the availability of glassware and ensuring the daily menu is displayed in a suitable format. Ref: 5.2.2
	Response by registered person detailing the actions taken: New glassware has been purchased and will be monitored to ensure it is suitable for patient use. Staff have been reminded to ensure that the correct menu is on display on a daily basis. Compliance will be monitored by the registered manager/designed person as part of daily walkabout.

Area for improvement 5 **Ref**: Standard 4.1 **Stated:** First time **To be completed by:** 21 June 2024	The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission. Care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient. Ref: 5.2.2
	Response by registered person detailing the actions taken: This requirement has been discussed and reinforced with the nursing staff at the recently conducted staff meeting. The registered person will ensure through the completion of an admission audit that a needs-based care plan has been written within 24 hours of a resident's admission and that this care plan is developed further over the next five days. Any actions arising from the admission audit will be given to the registered nurses to address and subsequently checked by the registered manager as part of their governance oversight to ensure that all areas have been addressed. This will be monitored as part of the monthly monitoring visit carried out by the Operations Manager.
Area for improvement 6 **Ref**: Standard 43 **Stated:** First time **To be completed by:** 21 July 2024	The registered person shall ensure all communal lounges in the home have curtains or blinds in place. Ref: 5.2.3
	Response by registered person detailing the actions taken: A full inventory of curtains/blinds needed for lounges has been taken and a replacement programme put in place where required. The Registered Manager will ensure that these areas in the Home will continue to be monitored and ensure that there is a refurbishment programme in place. This will be monitored via the Operations Manager during the monthly Regulation 29 visit.

Area for improvement 7 **Ref**: Standard 4.1 **Stated:** First time	The registered person shall ensure that the care record and environmental audit processes are effective. Ref 5.2.5
To be completed by: 21 July 2024	**Response by registered person detailing the actions taken:** While carrying out audits of care records and environmental deficits, the registered person will ensure these are effective through regular reviews and action plans completed where required. Compliance will be monitored by the Operations Manager as part of the Regulation 29 audit

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The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

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