



Unannounced Care Inspection Report 12 December 2018



Aughnacloy House

Type of Service: Nursing Home (NH)

Address: 2 Tandragee Road, Lurgan, Craigavon, BT66 8TL

Tel No: 02838346400

Inspector: Heather Sleator

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 73 persons.

3.0 Service details

Organisation/Registered Provider: MD Healthcare Ltd Responsible Individual: Lesley Catherine Megarity	Registered Manager: Constance Mitchell
Person in charge at the time of inspection: Constance Mitchell	Date manager registered: 12 February 2015
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years.	Number of registered places: 71 A maximum of 33 patients in category NH-DE located on the first floor only. The home is also approved to provide care on a day basis only to 4 persons.

4.0 Inspection summary

An unannounced inspection took place on 12 December 2018 from 09:30 to 17:00 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing and staff development, adult safeguarding, and the home's environment. There were examples of good practice found throughout the inspection in relation to assessment of patient need, the management of falls, dementia care practice and the delivery of wound care. Good practice was observed in relation to the culture and ethos of the home, mealtimes and the provision of activities.

Areas for improvement were identified under the care standards in relation to the accessibility of patient call bells, the timely administration of morning medications, the cleaning of the shower and sink outlets and descriptive care planning for the management of distressed reactions.

Patients described living in the home in positive terms; refer to section 6.6 for further information. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	4

Details of the Quality Improvement Plan (QIP) were discussed with Constance Mitchell, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 1 August 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 1 August 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 12 patients individually, three patients' relatives and eight staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 19 November to 12 December 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 1 August 2018

The most recent inspection of the home was an unannounced medicines management inspection.

The completed QIP was returned and approved by the pharmacist inspector.

6.2 Review of areas for improvement from the last care inspection dated 18 April 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (b) Stated: Second time	The registered person shall ensure that care is prescribed and delivered to ensure the proper provision for the nursing, treatment and supervision of patients.	Met
	Action taken as confirmed during the inspection: The review of patient care records evidenced that patient information within care records had been revised and a more systematic and robust approach to the planning and monitoring of care was in place.	
Area for improvement 2 Ref: Regulation 12 (1) (a) and (b) Stated: Second time	The registered person shall ensure the dining experience for patients is enhanced through a review of the daily routines of the home, the deployment of staff and is reflective of current best practice.	Met
	Action taken as confirmed during the inspection: We observed the serving of the midday meal on both floors. The meal service in the dementia care unit was well organised. The meal service in the general nursing unit whilst improved was not as coordinated as the service in the dementia care unit.	
Area for improvement 3 Ref: Regulation 27 (2) (l) Stated: First time	The registered person shall ensure that an application of variation is submitted to RQIA in respect of the change of use of sluice room to a storage room.	Met
	Action taken as confirmed during the inspection: An application of variation had been received for the change of use of the room.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35.6 Stated: Second time	<p>The registered person shall ensure that effective quality monitoring and governance systems are implemented. For example; robust quality audits regarding the following should be present:</p> <ul style="list-style-type: none"> • infection prevention and control • the auditing of patient care records 	Met
	<p>Action taken as confirmed during the inspection: The review of the quality audits as listed above evidenced that the governance arrangements in the home had been revised and enhanced and a comprehensive system of governance was in place.</p>	
Area for improvement 2 Ref: Standard 4 Stated: Second time	<p>The registered person shall ensure the daily routines in the dementia unit and staffs understanding, and skills in respect of dementia care are in accordance with best practice for persons living with dementia.</p>	Met
	<p>Action taken as confirmed during the inspection: Observation of care practice in the dementia care unit evidenced that staff provided care and support to patients in a sensitive and calm manner.</p>	
Area for improvement 3 Ref: Standard 43 Stated: First time	<p>The registered person shall ensure that the environment of the dementia unit is enhanced to provide an environment for persons living with dementia that is familiar and easy to understand. A baseline audit should be completed and thereafter at regular intervals to ensure the environment is in keeping with best practice guidelines.</p>	Met
	<p>Action taken as confirmed during the inspection: Observation of the environment in the dementia care unit evidenced that a programme of enhancing and enabling the environment had commenced with good effect. The upgrading of the dementia environment was a positive initiative.</p>	

Area for improvement 4 Ref: Standard 4.9 Stated: First time	The registered person shall ensure that the evaluating of patients care plans reflect the individuals response to planned care interventions, are person centred and generic statements are not in evidence.	Met
	Action taken as confirmed during the inspection: The review of patient care records evidenced that there had been an improvement in the recording of patients' response to planned care.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 19 November to 12 December 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. There were no concerns raised by staff regarding the staffing arrangements. We also sought staff opinion on staffing via the online survey however there were no questionnaires completed and returned by staff.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Aughnacloy. Comments received from patients included, "it's not too bad here."

We also spoke to relatives during the inspection whose comments on the provision of care in the home were positive. Comments included, "he's well looked after here." We also sought relatives' opinion on staffing via questionnaires however there were no questionnaires completed and returned prior to the issue of the report.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Records evidenced good compliance with mandatory training. The registered manager and staff confirmed that systems were in place to ensure staff received annual appraisal and regular supervision.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records for the period October - December 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation. Discussion with the registered manager and review of records confirmed that on a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example; bed rails and alarm mats.

We observed that the patient call bells were not always readily accessible for patients who remained in bed. Call bells should always be accessible for patients to minimise the risk of falls and ensure that staff were available, in a timely manner, to assist patients when needed. This was identified as an area for improvement under the care standards.

Observation of practices, discussion with staff and review of records evidenced that infection prevention and control (IPC) measures were generally adhered to. The registered manager completed an IPC audit on a monthly basis. However, we observed that a more thorough cleaning was required in the shower and sink outlets in a number of bathroom and shower facilities. This was discussed with the registered manager and has been identified as an area for improvement under the care standards. We observed that personal protective equipment, for example gloves and aprons, were available in patients' bedrooms and throughout the home.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, lounges and dining rooms. There were no areas for improvement aside from those previously discussed. We observed significant staining on the carpets on the ground floor; this was brought to the attention of the registered manager who stated that she was already aware of this and that action had already been taken with the supplier, to rectify the situation, as the carpeting was fairly recently laid.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, induction, training, supervision and appraisal, adult safeguarding and the home's environment.

Areas for improvement

The following areas were identified for improvement under the care standards and were in relation to ensuring patient call bells are placed conveniently for patients and a more thorough cleaning of shower and sink drain outlets.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of three patient care records evidenced that generally care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of falls and wound care. Care records generally contained details of the care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

We discussed the monitoring of patients' weights and were informed that all patients were weighed a minimum of a monthly basis. The registered manager stated that if a patient has a weight loss of between five and 10 percent that they are referred to the dietician. The Southern Health and Social Care Trust have implemented a system similar to a virtual ward round with the dietetics team in the trust. Dieticians monitor patients who have a weight loss on a weekly basis. We reviewed the management of nutrition for one patient. A nutritional risk assessment was completed monthly; a care plan for nutritional management was in place. Food and fluid intake charts were maintained with fluid intake reconciled on a 24 hour basis.

We reviewed the management of falls for three patients. Falls risk assessments were completed and reviewed regularly. Care plans for falls management were in place and were reviewed for each patient following a fall.

We reviewed the management of wound care for one patient. Care plans contained a description of the wound, location and the dressing regime. Wound care records evidenced that dressing regimes were adhered to. Wound care management was in accordance with professional and care standards. Records evidenced that patients were assisted to change their position for pressure relief in accordance with their care plans.

We reviewed the care records for a patient who displayed distressed reactions. The patient's care plan did not provide sufficient information on the type of behaviour displayed, any known triggers and how to support the patient when they became distressed. This was discussed with the registered manager and has been identified as an area for improvement under the care standards.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician.

We observed that the administration of the morning medications was still on-going at 11.30 hours. This can be problematic when ensuring that the correct time interval is present between each medication round and the prescribed time of administration. There was a sufficient number of registered nurses on duty to complete the administration of medications. The deployment of staff and daily routines should be reviewed to facilitate the timely administration of medications. This was discussed with the registered manager and identified as an area for improvement under the care standards.

Discussion with staff evidenced that nursing and care assistant/s were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. There was evidence of communication with patients, relatives and staff and the minutes of the meetings were reviewed. There was a relative’s noticeboard in the home which provided relatives information in respect of, for example; the home’s complaints procedure, quality initiatives and planned activities.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to assessment of patient need, the management of nutrition, falls and the delivery of wound care.

Areas for improvement

Areas for improvement were identified in relation to ensuring that patient care records accurately define the behaviour displayed of any patient where distressed reactions are known and the timely administration of the morning medications.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 09:30. Patients were enjoying their breakfast in the dining rooms or in their bedrooms as was their personal preference; some patients remained in bed, again in keeping with their personal preference. There was a calm atmosphere throughout the home.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with 12 patients individually and with others in smaller groups, confirmed that patients were satisfied with the care afforded by staff. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care.

The home has a dementia care unit on the first floor. The environment of the dementia unit had been enhanced and presented as more inviting and enabling. There were orientation cues for patients and attractive artwork and murals on the walls. There was a dedicated team of staff who were allocated to and enjoyed caring for persons living with dementia. The registered manager stated that the enhancement of the dementia unit was not completed and there were further plans for the improvement of the environment.

Patients said that they were generally happy living in the home. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. We observed the approach of staff and interaction and engagement with patients during the serving of the midday meal. This was a positive experience for patients. Staff were attentive providing assistance and prompts to patients during the meal service, quietly and sensitively. The serving of the midday meal in the dementia care unit was observed and this presented as a well organised and calm experience for patients.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks. Registered nurses were present in the dining room during the meal service, monitoring and supervising the nutritional intake of patients.

Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Patients spoke highly of the activities on-going in the home. A selection of games/equipment was available in the lounges and we spoke with the activities coordinator who was enthusiastic and committed to the social wellbeing of the patients. We observed that whilst staff were involved in a number of duties they made time to spend and engage with patients.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"Sincere appreciation for the care and attention you provided to my (relative)."
 "You're an excellent team and should be very proud of the service provided."
 "Thank you for looking after our (relative) so well, you will all be in our thoughts forever."

We spoke with patients and comments included:

"Very good staff, they look after me very well."
 "It's not too bad here."
 "Staff are helpful."
 "I like it well enough here."

Staff commented positively about the home and stated:

“It’s a good home to work in.”
 “I feel well supported.”

We spoke with the relatives of three patients who stated that they were satisfied that the care provided was safe, effective and compassionate and that the service was well led. Comments included; “she’s well looked after, I’d just like it if she was up to sit by lunchtime” and “she’s well looked after”. Relative questionnaires were also provided however we received no response within the timescale specified.

Staff were asked to complete an online survey; we received no responses within the timescale specified.

Any comments from relatives and staff in returned questionnaires or online responses received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, mealtimes and the provision of activities.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in the management arrangements. A review of the duty rota evidenced that the registered manager’s hours, and the capacity in which these were worked, were clearly recorded. Staff commented positively on the support and leadership provided to date by the registered manager. Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The registered manager explained that diversity and equality of opportunity for patients was supported by staff; any training required by staff to support patients, would be provided as required.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, care records and hygiene arrangements. In addition robust measures were also in place to provide the registered manager with an overview of the management of infections and wounds occurring in the home.

Discussion with the registered manager/manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes 2015.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management arrangements, management of complaints and incidents and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Constance Mitchell, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 35.6</p> <p>Stated: First time</p> <p>To be completed by: 10 January 2019</p>	<p>The registered person shall ensure that the shower outlets and sink drains are thoroughly cleaned and that these are regularly monitored.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: All shower and sink outlets were thoroughly cleaned within a week of inspection. The registered manager and support services supervisor have devised a plan to ensure bathrooms/shower rooms and toilet facilities are checked and monitored regularly.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 5</p> <p>Stated: First time</p> <p>To be completed by: 10 January 2019</p>	<p>The registered person shall ensure that patient call bells are placed conveniently to and are readily accessible to those patients who remain in bed.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The registered manager spoke with all nursing and care staff regarding residents who remain in bed having access to a call system, this is now embedded into practice and will be monitored.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 1 February 2019</p>	<p>The registered person shall ensure that the morning routines and deployment of staff is reviewed so as to promote the timely administration of medications.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: The registered person, along with key personnel has reviewed the morning routines and the deployment of staff to promote more timely administration of medications</p>
<p>Area for improvement 4</p> <p>Ref: Standard 17</p> <p>Stated: First time</p> <p>To be completed by: 1 February 2019</p>	<p>The registered person shall ensure that care plans pertaining to the management of distressed reactions clearly define the behaviour displayed and the associated support plan. Ambiguous language should not be used.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: The registered manager has discussed and provided guidance for care planning pertaining to the management of distressed reactions with nurses, to ensure that they are person centred, identify behaviours displayed and have an associated support plan with no ambiguous language used.</p>

Please ensure this document is completed in full and returned via Web Portal



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

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