

Inspection Report

28 July 2022



Camphill Community Glencraig

Type of service: Residential Care Home
Address: 4 Seahill Road, Craigavad, Holywood, BT18 0DB
Telephone number: 028 9042 3396

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

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| Organisation/Registered Provider: Camphill Community – Glenraig Responsible Individual: Dr Elizabeth Mitchell | Registered Manager: Mrs Ellen Majella McVeigh Date registered: 14 September 2021 |
| Person in charge at the time of inspection: Ms Deborah Rice | Number of registered places: 55 The maximum number of residents to be accommodated within individual houses is as follows: Bethany (7), Craigowen (7), Comgall (3), Dell O'Grace (4), Emmaus House (7), Hermitage (3), Kintyre (7), Novalis (6), Parsifal (2), Pestalozzi (1), Samaria (4), Ceridwen (1), Columbanus (3). RQIA should be notified in advance of any changes in the occupancy of Columbanus House (3) and Ceridwen (1). |
| Categories of care: Residential Care (RC): LD – learning disability LD(E) – learning disability – over 65 years | Number of residents accommodated in the residential care home on the day of this inspection: 47 |
| Brief description of the accommodation/how the service operates: Camphill Community Glenraig is a registered residential care home which provides care for up to 55 residents, many of whom have complex learning disabilities and may present with behaviours which challenge. The residential home is made up of 13 houses of various size and occupancy across a large site. The home is managed by a board of Trustees from Camphill Community and beds are commissioned by a number of trusts on a regional basis. | |

2.0 Inspection summary

An unannounced inspection took place on 28 July 2022, from 9.20am to 3.30pm. This was completed by two pharmacist inspectors.

The inspection focused on medicines management within the home and also assessed progress with the areas for improvement identified at the last medicines management inspection. The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

Following discussion with the aligned care inspector, it was agreed that the areas for improvement identified at the last care inspection would be followed up at the next care inspection.

The outcome of this inspection concluded that improvements in some areas for the management of medicines were necessary. Three new areas for improvement have been identified regarding the monitoring of temperatures of medicine refrigerators, medicines management audits and the transfer of medicines for residents on home leave as detailed in the report and Quality Improvement Plan.

RQIA would like to thank the residents and staff for their assistance throughout the inspection.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was 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.

To prepare for this inspection, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. Staff views were also obtained.

4.0 What people told us about the service

Staff interactions with residents were warm, friendly and supportive. It was evident that they knew the residents well.

The inspector also met with support workers, senior care staff, the deputy manager for adult residential care and the manager. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Staff expressed satisfaction with how the home was managed. They said that they had the appropriate training to look after residents and meet their needs.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any resident or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no questionnaires had been received by RQIA.

5.0 The inspection

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

| Areas for improvement from the last care inspection on 7 and 8 December 2021 | | |
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| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for Improvement 1 Ref: Regulation 13 (4) Stated: Second time | The registered person shall review the management of thickening agents and nutritional supplements to ensure that: <ul style="list-style-type: none"> • records of staff training are available • up to date speech and language recommendations and care plans which detail the recommended consistency level are available • records of administration are maintained | Met |
| | Action taken as confirmed during the inspection: The management of thickening agents was reviewed. Only staff who have completed dysphagia training can administer thickened fluids. An up to date speech and language recommendation and care plan were available and both detailed the recommended consistency level. Records of administration were maintained. | |
| Area for Improvement 2 Ref: Regulation 30 (1) (d) Stated: Second time | The registered person shall ensure that any estates issues which may adversely affect the care, health, safety or welfare of any resident, should be notified to RQIA through the web portal without delay. | 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. | |

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| <p>Area for improvement 3</p> <p>Ref: Regulation 20 (1)</p> <p>Stated: First time</p> | <p>The registered person shall, having regard to the size of the residential care home, statement of purpose and the number and needs of residents –</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents.</p> <p>This includes ensuring the presence of wake in staff at night.</p> <p>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.</p> | <p>Carried forward to the next inspection</p> |
| <p>Area for improvement 4</p> <p>Ref: Regulation 27(1)(b) & E13</p> <p>Stated: First time</p> | <p>The registered person shall ensure that a comprehensive refurbishment plan is developed, detailing specific and realistic timescales as to how the home will be kept in a good state of repair externally and internally.</p> <p>Floor coverings, wall finishes and soft furnishings should be reviewed and made good to ensure they remain suitable for the purpose of each room and meet health and safety and infection control requirements.</p> <p>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.</p> | <p>Carried forward to the next inspection</p> |
| <p>Area for improvement 5</p> <p>Ref: Regulation 29 (4) (a)</p> <p>Stated: First time</p> | <p>The person carrying out the monthly Regulation 29 visit shall interview, with their consent and in private, such of the residents and their representatives and persons working at the home as appears necessary in order to form an opinion of the standard of provided in the home.</p> <p>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.</p> | <p>Carried forward to the next inspection</p> |

| Action required to ensure compliance with Residential Care Homes Minimum Standards (2021) | | Validation of compliance |
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| Area for Improvement 1 Ref: Standard 23.4 Stated: First time | The registered person shall ensure that arrangements are in place for staff to complete the home's care quality staff training, in line with their roles and responsibilities. This includes, but is not limited to, training in relation to communication, management of complex behaviours, autism awareness and epilepsy awareness. | Carried forward to the next inspection |
| | Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. | |
| Area for improvement 2 Ref: Standard 29 Stated: First time | Corridors and fire exits must remain free from obstruction and the practice of wedging open fire doors must cease immediately. | Carried forward to the next inspection |
| | Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. | |
| Area for improvement 3 Ref: Standard 28.3 Stated: First time | The registered person promotes safe and healthy working practices through the provision of information, training, supervision and monitoring of staff in Infection Prevention and Control measures and Control of Substances Hazardous to Health (COSHH). | Carried forward to the next inspection |
| | Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. | |
| Area for improvement 4 Ref: Standard 35.7 Stated: First time | The registered person shall ensure that all staff employed in the home adheres to the guidance provided by the Northern Ireland Regional Infection Prevention and Control Manual (PHA) Specifically that staff are bare below the elbow and not wearing nail polish or jewellery when on duty. Please refer to the following link for details: https://www.niinfectioncontrolmanual.net/hand-hygiene | Carried forward to the next inspection |

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| | Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. | |
| Area for improvement 5 Ref: Standard 20 Stated: First time | <p>The registered person shall ensure that robust governance arrangements are implemented and maintained which ensure consistent and effective oversight by the manager within all resident areas. Completed monitoring reports and audits contain clear, time limited action plans and a review of any actions taken to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> | Carried forward to the next inspection |
| Area for improvement 6 Ref: Standard 6.4 Stated: Second time | <p>The registered person shall ensure that the resident or their representative is given written notice of all changes to the agreement and these are agreed in writing by the resident or their representative. Where the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> | Carried forward to the next inspection |
| Area for improvement 7 Ref: Standard 31 Stated: First time | <p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> • entries on the personal medication records are verified and signed by two trained members of staff • obsolete personal medication records are cancelled and archived <p>Action taken as confirmed during the inspection: Obsolete personal medication records had been filed appropriately. Printed personal medication records had printed initials of two members of staff who had verified that the update was accurate.</p> | Met |

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| Area for improvement 8 Ref: Standard 30 Stated: First time | The registered person shall ensure that written authorisation from the prescriber is available when medicines are administered outside the terms of their product licence. | Met |
| | Action taken as confirmed during the inspection: Documentation was observed of a conversation with the learning disability nurse and the general practitioner regarding administering medicines outside of the product licence. | |

5.2 Inspection findings

5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times the residents' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The printed personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and verified the personal medication records when they were written and updated to state that they were accurate. Staff were advised that the accuracy of the whole record should be verified and signed each time it is printed or updated.

Copies of residents' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and

outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident.

The management of medicines prescribed on a "when required" basis for the management of distressed reactions was reviewed. Directions for use were clearly recorded on the personal medication records; and care plans directing the use of these medicines were in place. Staff knew how to recognise a change in a resident's behaviour and were aware that this change may be associated with pain. Records included the reason for and outcome of each administration.

Some residents 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. Care plans detailing how the resident should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the resident.

The management of thickening agents was reviewed. A speech and language assessment report and care plan was in place. Records of prescribing and administration which included the recommended consistency level were maintained.

Some residents cannot take food and medicines orally; it may be necessary to administer food and medicines via an enteral feeding tube. The management of medicines and nutrition via the enteral route was examined. An up to date regimen detailing the prescribed nutritional supplement and recommended fluid intake was in place. Records of administration of the nutritional supplement and water were maintained. Staff on duty advised that they had received training and felt confident to manage medicines and nutrition via the enteral route. Records of the training were available for inspection. Staff were reminded that fluid balance charts should be totalled at the end of each 24 hour period to determine if the fluid target had been achieved.

5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each resident could be easily located.

Medicines which require cold storage must be stored between 2°C and 8°C to maintain their stability and efficacy. In order to ensure that this temperature range is maintained it is necessary to monitor the maximum and minimum temperatures of the medicines refrigerator each day and to then reset the thermometer. In one house only the current temperature was recorded. An area for improvement was identified.

Satisfactory arrangements were in place for the safe disposal of medicines.

5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. The records were found to have been fully and accurately completed. The records were filed once completed.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. Staff were reminded to record where the medicine had been supplied from when recording receipt of controlled drugs.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on all medicines so that they could be easily audited. This is good practice.

5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

The management of medicines for one resident who had a recent hospital stay and was discharged back to the home was reviewed. A hospital discharge letter had been received and a copy had been forwarded to the resident's GP. The resident's personal medication records had been updated to reflect medication changes which had been initiated during the hospital stay. There was evidence that staff had followed up any discrepancies in a timely manner to ensure that the correct medicines were available for administration.

The management of medicines for residents who go on home leave was reviewed. Medicines were signed out to the residents' family and not labelled with directions. The inspector advised that if medicines are supplied, they must be in individual boxes labelled by the community pharmacist. An area for improvement was identified.

5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance and investigated. However, there were trends in the type of incidents reported and it was discussed that a more thorough review of these incidents along with the current audit process within the home may aid management in identifying issues in order to prevent recurrence. An area for improvement was identified.

5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and they are supported.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff and at annual appraisal. Medicines management policies and procedures were in place.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes (Northern Ireland) 2005 and Residential Care Homes Minimum Standards 2021.

| | Regulations | Standards |
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| Total number of Areas for Improvement | 5* | 8* |

* The total number of areas for improvement includes ten which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Ellen McVeigh, Registered Manager and Ms Deborah Rice, Deputy Manager for adult residential, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Residential Care Home Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 30 (1) (d) Stated: Second time To be completed by: From the date of the inspection (8 December 2021) | The registered person shall ensure that any estates issues which may adversely affect the care, health, safety or welfare of any resident, should be notified to RQIA through the web portal without delay. |
| | 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. Ref: 5.1 |
| Area for improvement 2 Ref: Regulation 20 (1) Stated: First time To be completed by: From the date of the inspection (8 December 2021) | The registered person shall, having regard to the size of the residential care home, statement of purpose and the number and needs of residents – (b) ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents. This includes ensuring the presence of wake in staff at night. |
| | 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. Ref: 5.1 |
| Area for improvement 3 Ref: Regulation 27(1)(b) & E13 Stated: First time To be completed by: 8 March 2022 | The registered person shall ensure that a comprehensive refurbishment plan is developed, detailing specific and realistic timescales as to how the home will be kept in a good state of repair externally and internally. Floor coverings, wall finishes and soft furnishings should be reviewed and made good to ensure they remain suitable for the purpose of each room and meet health and safety and infection control requirements. |
| | 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. Ref: 5.1 |

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| <p>Area for improvement 4</p> <p>Ref: Regulation 29 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection (8 December 2021)</p> | <p>The person carrying out the monthly Regulation 29 visit shall interview, with their consent and in private, such of the residents and their representatives and persons working at the home as appears necessary in order to form an opinion of the standard of provided in the home.</p> <p>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.</p> <p>Ref: 5.1</p> |
| <p>Area for improvement 5</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards (28 July 2022)</p> | <p>The responsible person shall ensure that the management of medicines that are transferred out of the home are appropriately packaged and labelled.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: The management of medicines has been discussed in depth and agreement that all medications are clearly labelled as per prescription. In addition short term holiday scripts are requested for holiday periods.</p> |
| <p>Action required to ensure compliance with Residential Care Homes Minimum Standards 2021</p> | |
| <p>Area for improvement 1</p> <p>Ref: Standard 23.4</p> <p>Stated: First time</p> <p>To be completed by: 8 March 2022</p> | <p>The registered person shall ensure that arrangements are in place for staff to complete the home's care quality staff training, in line with their roles and responsibilities. This includes, but is not limited to, training in relation to communication, management of complex behaviours, autism awareness and epilepsy awareness.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection (8 December 2021)</p> | <p>Corridors and fire exits must remain free from obstruction and the practice of wedging open fire doors must cease immediately.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p> |

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| <p>Area for improvement 3</p> <p>Ref: Standard 28.3</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection (8 December 2021)</p> | <p>The registered person promotes safe and healthy working practices through the provision of information, training, supervision and monitoring of staff in Infection Prevention and Control measures and Control of Substances Hazardous to Health (COSHH).</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p> |
| <p>Area for improvement 4</p> <p>Ref: Standard 35.7</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection (8 December 2021)</p> | <p>The registered person shall ensure that all staff employed in the home adheres to the guidance provided by the Northern Ireland Regional Infection Prevention and Control Manual (PHA) Specifically that staff are bare below the elbow and not wearing nail polish or jewellery when on duty. Please refer to the following link for details: https://www.niinfectioncontrolmanual.net/hand-hygiene</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p> |
| <p>Area for improvement 5</p> <p>Ref: Standard 20</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection (8 December 2021)</p> | <p>The registered person shall ensure that robust governance arrangements are implemented and maintained which ensure consistent and effective oversight by the manager within all resident areas. Completed monitoring reports and audits contain clear, time limited action plans and a review of any actions taken to ensure that the organisation is being managed in accordance with minimum standards.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p> |

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| <p>Area for improvement 6</p> <p>Ref: Standard 6.4</p> <p>Stated: Second time</p> <p>To be completed by: 15 June 2020</p> | <p>The registered person shall ensure that the resident or their representative is given written notice of all changes to the agreement and these are agreed in writing by the resident or their representative. Where the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p> |
| <p>Area for improvement 7</p> <p>Ref: Standard 32.1</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards (28 July 2022)</p> | <p>The registered person shall ensure that the maximum and minimum temperature of the medicines refrigerator is accurately monitored each day and corrective action taken if temperatures outside the required range are observed.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Every house has a new medication fridge and thermometers, temperatures are recorded twice daily.</p> |
| <p>Area for improvement 8</p> <p>Ref: Standard 30.8</p> <p>Stated: First time</p> <p>To be completed by: 18 August 2022</p> | <p>The responsible person shall ensure that the process of auditing the management of medicines within the home is reviewed to ensure it is effective.</p> <p>Ref: 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: We have introduced and rolled out a new audit tool to support our continued management of medicines. Conducting a full audit of all houses and provided feedback and action plans to maintain compliance.</p> |

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