



Unannounced Care Inspection Report 7 January 2020



Hollygate Lodge

Type of Service: Residential Care Home
Address: 21 Hollygate Park, Carryduff BT8 8DZ
Tel no: 02890813243
Inspector: Elizabeth Colgan

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 38 residents within the categories of care outlined in section 3.0 below.

3.0 Service details

<p>Organisation/Registered Provider: Hollygate Care Services Ltd</p> <p>Responsible Individual: Ian George Emerson (Acting)</p>	<p>Registered Manager and date registered: Ellen Majella McVeigh 18 June 2018</p>
<p>Person in charge at the time of inspection: Ellen Majella McVeigh</p>	<p>Number of registered places: 38</p> <p>RC- DE maximum of twelve persons RC- MP maximum of one person RC- LD maximum of one person RC- LD (E) maximum of two persons RC- I - 22</p>
<p>Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia MP - Mental disorder excluding learning disability or dementia LD (E) – Learning disability – over 65 years</p>	<p>Total number of residents in the residential care home on the day of this inspection: 38</p>

4.0 Inspection summary

An unannounced inspection took place on 7 January 2020 from 10.25 hours to 16.35 hours.

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

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, adult safeguarding, infection prevention and control, and risk management. Further examples of good practice were found in relation to; communication; and the culture and ethos of the home. Residents were listened to, respected and valued.

Areas requiring improvement were identified in relation to the environment and record keeping.

Residents described living in the home as being a good. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others and staff.

Comments received from residents, people who visit them and staff during and after the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	5

Details of the Quality Improvement Plan (QIP) were discussed with Ellen Majella McVeigh, 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 8 April 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 8 April 2019. 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Comments received from residents and staff during the inspection is included in the main body of this report.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaire responses were received from staff within the given timescale.

During the inspection a sample of records was examined which included:

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- staff duty rotas from 23 December 2019 to 12 January 2020
- staff training schedule and training records
- three staff recruitment and induction records
- three residents' records of care
- three food and fluid charts
- complaint records
- compliment records
- staff, resident and resident representatives meetings
- governance audits/records
- accident/incident records
- reports of monthly monitoring visits
- fire drills and routine checks
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 last care inspection dated 8 April 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 5.3	The registered person shall ensure that information about the resident's life history and previous lifestyle, values and personal preferences is obtained on an ongoing basis and recorded.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that proformas from the Alzheimer's Society are in place within care records these provide information about the resident's life history and previous lifestyle, values and personal preferences, and are reviewed as necessary.	

6.2 Inspection findings

6.3 Is care safe?

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

No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty rota from 14 October to 3 November 2019 confirmed that it accurately reflected the staffing levels within the home were sufficient to meet the needs of the residents. The review of the duty rota highlighted that some changes made to the hours worked by staff had not been signed off due to lack of space on the rota, the manager was advised that she should sign off duty rotas at the end of each week to confirm that this was a correct reflection of staffing levels.

Residents spoken with were very complimentary of the staff. One resident stated, "Staff are very good to me, couldn't ask for more." In a submitted questionnaire response one resident was undecided regarding staffing or if staff had time to speak with them. The manager should review and action as necessary. A relative in the submitted questionnaire response stated, "The staff at Hollygate are fantastic, so caring and thoughtful towards my mum."

Review of documentation and discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. A review of completed induction records and discussion with the manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Review of recruitment records confirmed that staff were suitably vetted to ensure they were suitable to work with the residents. Access NI and professional registration with Northern Ireland Social Care Council (NISCC) were in place. Any gaps in employment were discussed and recorded during interviews.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the NISCC.

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that resident' care needs and risk assessments were obtained from the trust prior to admission. Additional improvements to

safety in home included the addition of CCTV in external areas only. This was planned following liaison with PSNI to improve security, as the doors of the home are unlocked during the day.

The policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

It is important that where choice and control are restricted due to people's understanding, restrictions are carried out sensitively and complies with legislation. This is so that people feel respected, included and involved in their care. When we spoke with staff they had a good knowledge of people's abilities and level of decision making and what could be considered restrictive practices. The manager confirmed that only buzzer mats were in use with the agreement of residents and /or their representatives. And that were possible, residents, their relatives and the healthcare professionals from the relevant health and social care trust were involved in the decision making to use restrictive practice.

There was an Infection Prevention and Control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures. Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors.

The manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. Some issues were identified for improvement which included:

- The folding doors to the en-suite toilet in two identified bedrooms were in need of repair or replacement.
- In one identified bedroom the carpet was frayed at the joining to the en-suite toilet which may create a risk of tripping.
- The surfaces of shelves in one identified sluice area need to be repainted to ensure that they can be effectively cleaned.
- The toilet lid in the same identified sluice area is old and warped and needs to be replaced.

These areas were discussed with the manager and an area for improvement has been identified.

Inspection of the external walk ways to the two bungalow areas identified they could be a potential hazard to the safety of residents. The tarmac surface to the front bungalow is uneven and the sloped walk way to the back bungalow has the potential to become slippery if not cleaned regularly. The manager stated that these areas were continually monitored and residents were accompanied when required.

The manager advised that the home’s policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), and fire safety.

The manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and/or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place. One plan reviewed needs to be updated to reflect their current needs, the manager advised that this would be actioned immediately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, and risk management.

Areas for improvement

An area for improvement was identified in relation to the home’s environment.

	Regulations	Standards
Total number of areas for improvement	0	1

6.4 Is care effective?

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

Discussion with the manager and observation of care delivery confirmed that staff in the home responded appropriately to and met the assessed needs of the residents.

There was a records management policy in place which included the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely.

A review of three residents’ care records showed that some improvements were required. In two of the identified care records assessment of needs had not been dated, and no care plan or

little recording in the process notes was found for short term conditions such as infection which required treatment. Additionally the way care plans are reviewed needs to be improved as in two identified care records the care plan did not fully reflect the current needs of these residents. This has been identified as an area for improvement.

Progress notes in the identified care records need improvement in the quality or frequency of recording. This has been identified as an area for improvement. For example in one identified care record the progress notes had not been updated for over a week, in another identified record there was a lack of recording of food and fluid intake for a resident with a poor appetite. Although the home had taken appropriate action by referring this resident to the dietician, an area for improvement has been made in relation to the records.

When the inspector asked a senior care staff for the food and fluid charts they did not know where they were located. These were found by the registered manager, review of these charts for a resident with specific needs indicated that there were significant gaps in recording. This has been identified as an area for improvement.

Discussion with staff confirmed that a person centred approach underpinned practices. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. However this was not fully reflected in the care records, as discussed above, therefore an area for improvement has been identified for staff to receive further guidance and training in recording of care.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The dining room was well presented; tables had been set and condiments in place. The residents reported the food was good and they stated they are always offered a choice of meals. One resident stated that they would like fresh vegetables. This was discussed with the manager who advised that menus were to be reviewed and would include introducing more fresh vegetables.

Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussion with the manager and staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage. A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

The manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, residents' meetings, staff meetings and staff shift handovers. A residents committee was introduced in October 2019. Minutes of staff meetings and resident and their representative meetings were reviewed and found to be satisfactory.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the manager and staff confirmed that management operated an

open door policy in regard to communication within the home. In discussion with residents they also advised that the registered manager always takes time to speak to them individually.

There were also systems in place to ensure openness and transparency of communication, for example, regular visits by registered provider, availability of the latest RQIA inspection reports, completion of an annual satisfaction survey and annual Quality Review Report.

The manager reported that arrangements were in place, in line with the legislation, to support and advocate for residents.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

Areas for improvement

Four areas were identified for improvement in relation to record keeping.

	Regulations	Standards
Total number of areas for improvement	0	4

6.5 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.

A range of policies and procedures was in place which supported the delivery of compassionate care.

Observation and discussion with the registered manager and staff confirmed that the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The manager and residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents’ rights, independence, dignity and how confidentiality was protected.

Discussion with staff and residents confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home.

Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain, falls, and accidents and incidents, where appropriate.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment.

Discussion with staff and residents confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff. Residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example, residents were encouraged and supported to actively participate in the annual reviews of their care.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and an action plan was made available for residents and other interested parties to read.

Discussion with staff, residents, and observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Residents enjoyed taking part in the activities included in the activity programme such as a giant target mat, walking club, knitting, talk talk cards, skittles, musical bingo and reminiscence. Residents also enjoyed watching television in the lounges or their bedrooms. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Comments received from residents and staff during inspection were as follows:

- “It is very good in here. We all get on very well.” (resident)
- “It is a good place to live, my husband and I are very comfortable.” (resident)
- “Staff do everything they can to make us happy and content.” (resident)
- “We are well supported by our management. I love working here.” (staff)
- “I am working here now for many years. I love it. Our residents are great.” (staff)
- “The food is good; you can get what you want.” (resident)
- “I am very happy with the care provided by the home.”(resident’s representative)

Seven completed questionnaires were returned to RQIA from residents or their representatives; the two resident representatives described their level of satisfaction with all aspect of care as very satisfied. One resident’s representative stated, “Excellent care provided.” Three of the resident respondents described their level of satisfaction with all aspect of care as very satisfied. As previously stated in section 6.3 one resident was undecided if their care was safe and another resident was undecided if their care was well managed. These two resident respondents described their level of satisfaction with all other aspects of care as either very satisfied or satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing resident and their representatives and taking account of the views of resident.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 manager outlined the management arrangements and governance systems in place within the home. The manager stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Only one complaint was recorded since the last inspection and included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

The home retains compliments received, e.g. thank you letters and cards, and there were systems in place to share these with staff.

The manager confirmed that there was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Reviews of the other audits undertaken also need review. Audits need to be further developed to ensure effective analysis; this was discussed with manager who agreed to review all audit processes. This area will be reviewed as part of the ongoing inspection process.

There was a system to ensure safety bulletins; serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

Visits by the registered provider were undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to

read. Action plans were developed to address any issues identified which include timescales and person responsible for completing the action when required.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The manager advised that changes to management structure as noted at the previous inspection continues to work well. Staff spoken with said they were supported by the team leaders and the registered manager.

The manager reported that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer’s liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and would be offered support.

Observation and discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders. There was a good atmosphere in the home, observation of interactions between staff and residents was good and mutual respect was evident.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement 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 Ellen Majella McVeigh, 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 residential care 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 27 Stated: First time To be completed by: 7 February 2020	<p>The registered person shall ensure that the identified environmental issues as outlined in this report are addressed.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: All areas identified in the report have been actioned. New sliding doors were purchased and replaced. Carpet repaired in bedroom. Sluice room shelves painted and toilet seat replaced.</p>
Area for improvement 2 Ref: Standard 5 and 6 Stated: First time To be completed by: 7 February 2020	<p>The registered person shall ensure that care records include the date the assessment of needs is undertaken or reviewed, care plans should be devised for short term conditions such as infection which require treatment and this is fully recorded in the process notes. Care plans reviews should ensure that the current needs of residents are reflected.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The identified care assessment have been signed and dated. In addition care plans have been reviewed to incorporate short term interventions, detailing progress, completion, tracking outcomes and demonstrating continuity of care.</p>
Area for improvement 3 Ref: Standard 8.2 Stated: First time To be completed by: : 7 February 2020	<p>The registered person shall ensure that progress notes are updated at least weekly or more frequently dependent upon the current needs of the residents.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: All seniors and keyworkers are aware that each and all progress notes are to be completed no less than every three days.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p> <p>To be completed by: : 7 February 2020</p>	<p>The registered person shall that all staff are aware of the location of supplementary care charts such as food and fluid charts. When in place these need to reflect the resident's intake across the 24 hour period.</p> <p>Ref: 6.4</p>
<p>Area for improvement 5</p> <p>Ref: Standard 23.4</p> <p>Stated: First time</p> <p>To be completed by: : 7 February 2020</p>	<p>Response by registered person detailing the actions taken: All staff are aware of the supplementary notes and the requirement to complete as directed. This is monitored by team leaders and home manager.</p> <p>The registered person shall that further training and guidance is provided for staff in the recording required for care records.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All senior staff have been informed about inspection outcomes and the areas required to demonstrate best practice requirements. All staff have been shown by team leaders and managers the best practice required which will be monitored by team leaders and home manager.</p>

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



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