



The Regulation and
Quality Improvement
Authority

Unannounced Care Inspection Report 17 September 2018



Gortacharn

Type of Service: Residential Care Home
**Address: 21 Nutfield Road, Lisnaskea, Co. Fermanagh,
BT94 5GS**
Tel No: 028 6772 1030
Inspector: Bronagh Duggan

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 residential care home registered to provide care and accommodation for 15 persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report.

3.0 Service details

| | |
|--|--|
| Organisation/Registered Provider: Gortacharn Responsible Individual(s): Richard Trimble Robena Trimble | Registered Manager: Jill Trimble |
| Person in charge at the time of inspection: Jill Trimble | Date manager registered: 11 May 2018 |
| Categories of care: Residential Care (RC) I - Old age not falling within any other category PH - Physical disability other than sensory impairment | Number of registered places: 15 |

4.0 Inspection summary

An unannounced care inspection took place on 17 September 2018 from 10.15 to 17.15.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

This was the first care inspection of the residential care home since it was registered in May 2018 previously the residential beds constituted part of Gortacharn Nursing Home which is situated on the same site. The inspection assessed progress with any areas for improvement identified during and since the pre-registration inspection and sought 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 relation to staff recruitment, induction, training, infection prevention and control, the home's environment, updating and reviewing care records, communication between residents, staff and other interested parties, the culture and ethos of the home, governance arrangements, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in relation to supervision and appraisal for staff, the completion of competency and capability assessments, and review and updating of the homes statement of purpose and residents guide.

Residents and their representatives said they were happy with their life in the home, their relationships with staff, the food provided and communication with staff.

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

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 3 |

Details of the Quality Improvement Plan (QIP) were discussed with Jill Trimble, 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection which was a pre-registration inspection on 9 January 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, 10 residents, two staff, and one residents' visitor/representative. Responsible individual Robena Trimble was also present for a short time during the inspection.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Nine questionnaires were returned by residents and residents' representatives.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Two staff files
- Three residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments information
- Audits of care plans, care reviews, NISCC registration
- Cleaning records
- Accident, incident, notifiable event records

- Annual Quality Review report
- Minutes of recent residents’ meetings
- Evaluation report from annual quality assurance survey
- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Sample of policies and procedures

Areas for improvements 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 27 July 2018

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

6.2 Review of areas for improvement from the last care inspection dated 9 January 2018

| Areas for improvement from the last care inspection | | |
|--|---|--------------------------|
| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 20.(1) (a) Stated: First time | The registered person shall ensure staffing levels are reviewed to ensure a full staffing complement in the residential care home over the twenty four hour period that does not depend on staff from the nursing home. Ref: 6.1 | Met |
| | Action taken as confirmed during the inspection: Discussion with the registered manager and review of the duty rota showed staffing levels had been increased ensuring two staff on night duty in the home at all times. | |

| Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011 | | Validation of compliance |
|---|---|---------------------------------|
| Area for improvement 1 Ref: Standard 35.1 Stated: First time | The registered person shall ensure that the home's IPC policy is reviewed and updated in line with the current regional guidance. Ref: 6.1 | Met |
| | Action taken as confirmed during the inspection: Inspection of the homes infection prevention and control policy showed that this had been updated accordingly. | |

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 advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met.

No concerns were raised regarding staffing levels during discussion residents' representatives and staff. Two residents shared that occasionally staffing numbers appeared less than normal. This was discussed with the registered manager who confirmed any short notice absence would be covered by drafting in another staff member to ensure staffing levels remain stable.

A review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training was regularly provided. Review of supervision and appraisal information showed some omission's with regard to completion rates for staff in both annual appraisal and formal supervision. This issue was discussed with the registered manager and was identified as an area for improvement to comply with the standards. The benefit of implementing an annual schedule to monitor appraisal and supervision rates for the residential home was discussed with the registered manager.

Discussion with the registered manager and review of staff competency and capability assessments showed these were completed for care assistants and senior carers alike, however there was no distinction between the assessment completed. The need to ensure there is a specific competency and capability assessment completed for all senior carers who are left in charge of the home for any period in the absence of the manager was discussed with the registered manager. This was identified as an area for improvement to comply with the regulations.

Discussion with the registered manager and review of two staff files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The registered manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body Northern Ireland Social Care Council (NISCC) where applicable.

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 and contact information. The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed. The registered manager confirmed this was currently being done in the home and provided relevant information during the inspection.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. 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 registered manager confirmed there had been no recent safeguarding issues raised in the home but that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; and that written records would be retained.

The registered 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 residents' care needs and risk assessments were obtained from the trust prior to admission.

The registered manager advised there were restrictive practices within the home, notably the use of a keypad front door system. The need to ensure any restrictive practices used in the home were described in the statement of purpose and residents' guide was discussed with the registered manager. This was identified as an area for improvement to comply with the standards.

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. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home 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. One resident shared with the inspector their views regarding the shower in their ensuite bathroom, this information was shared with the registered manager accordingly.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The registered manager advised that for any resident who smoked a risk assessment and corresponding care plan had been completed in relation to smoking. Review of one sample care record showed relevant information was included in relation to the resident smoking.

The registered manager advised that a system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The home had an up to date fire risk assessment in place dated 30 November 2017.

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 most recent fire drill took place on 29 August 2018. 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 or monthly and were regularly maintained.

Nine completed questionnaires were returned to RQIA from residents and residents' visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied / satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, infection prevention and control, risk management and the home's environment.

Areas for improvement

Three areas for improvement were identified during the inspection these related to supervision and appraisal for staff, the completion of competency and capability assessments, and review and updating of the homes statement of purpose and residents' guide.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 3 |

6.5 Is care effective?

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

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

The registered manager confirmed there were plans in place to further develop the storage of records held in the office in line with General Data Protection Regulation (GDPR).

Three care records were reviewed, these were maintained on an electronic records system with additional information available in hard copy. The records reviewed included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

A varied and nutritious diet was provided to meet the individual and recorded dietary needs and preferences of the residents. 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 dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dietitians and SALT were reflected within the individual resident's care records.

The registered manager advised no residents had pressure damage to their skin, care staff confirmed they were able to recognise and respond to areas of pressure damage on skin and wound care would be managed by community nursing services.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care plans and care reviews were available for inspection and evidenced that any

actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider and the annual quality review report.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents’ meetings, staff meetings and staff shift handovers. Minutes of staff meetings were reviewed during the inspection. The frequency of staff meetings was discussed with the registered manager.

Observation of practice evidenced that staff were able to communicate effectively with residents. It was noted at least two residents with hearing impairment were provided with writing boards to help aid communication between residents, staff and visitors. This was good practice. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the visits by registered provider reports, annual satisfaction survey report, and the annual quality review report were on display or available on request for residents, their representatives any other interested parties to read.

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.

Nine completed questionnaires were returned to RQIA from residents and residents’ visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied / satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to updating and reviewing care records, care reviews and communication between residents, staff and other interested parties.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

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.

The registered manager advised that staff in 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 registered manager, residents and one representative spoken with 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 explained how confidentiality was protected.

Discussion with staff, residents and the representative confirmed that residents' spiritual and cultural needs were met within the home.

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. For example the daily menu was displayed in the dining area of the home.

Discussion with staff, residents, representatives and observation of practice 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. Other systems of communication included, residents' meetings, suggestion box, visits by the registered provider.

The registered manager confirmed residents and representatives were consulted with, at least annually, about the quality of care and environment and the findings from the consultation were collated into a summary report and action plan was made available for residents and other interested parties to read. The report was displayed in a central part of the home. Traditionally the report included feedback from the residential and nursing home. The registered manager was advised that moving forward an individual report should be completed for the residential home. This shall be followed up at a future inspection.

Discussion with staff, residents, one representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example residents were encouraged to participate in board games and listening to music. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example visitors are welcome to the home and some residents would go up the street to local shops. One resident shared with the inspector how much they liked pipe music and that arrangements were made by staff in the home for a piper to visit the home for their birthday.

Residents, staff, and one residents' visitor/representative spoken with during the inspection made the following comments:

- "Everything is the best here, the staff, the food, my room, all is good." (resident)
- "Couldn't complain about anything here, not one thing, it's the best that's for sure." (resident)
- "I am getting on well, the staff are all very good." (resident)
- "This is a nice home, everything is going well." (resident)
- "The girls are working hard, they are all very nice girls." (resident)
- "No complaints, (the home) is always clean, staff are available, I have never had any issues. There is good communication staff keep you well informed. It's always the same any time I come in. I would have no problem coming here when I am older!" (representative)

- “I really like it here, it is a pleasant place to work.” (staff)

Nine completed questionnaires were returned to RQIA from residents and residents’ visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied/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, listening to and valuing residents and taking account of the views of residents.

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 registered manager outlined the management arrangements and governance systems in place within the home and 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. The need for all policies and procedures to be retained in a manner which was easily accessible for staff was discussed with the registered manager. This shall be followed up at a future inspection.

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.

Discussion with the registered manager confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Review of the complaints records showed there had been no complaints recorded since the home was registered in May 2018. The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

The inspector discussed with the registered manager the arrangements in place regarding the reporting of notifiable events. The registered manager was advised to access RQIA’s most recent guidance regarding same for information purposes. A review of accident, incident and notifiable events confirmed that these were effectively documented and reported to RQIA and

other relevant organisations in accordance with the legislation and procedures. The benefit of undertaking a regular audit of accidents and incidents was discussed with the registered manager.

Discussion with the registered 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.

A visit by the registered provider was 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 an action plan was developed to address any issues identified. The need to ensure the report related only to the residential home was discussed with the responsible individual as the most recent reports incorporated both the nursing and residential homes together. This shall be followed up at a future inspection.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered provider identified that they had understanding of their role and responsibilities under the legislation. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home through regular visits to the home, telephone calls and emails.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider/s responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration was displayed appropriately.

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 that staff would be offered support.

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.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents. The registered manager was advised to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting this type of data.

Nine completed questionnaires were returned to RQIA from residents and residents' visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied / satisfied.

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 Jill Trimble, 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 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 Residential Care Homes Regulations (Northern Ireland) 2005 | |
| <p>Area for improvement 1</p> <p>Ref: Regulation 20.(3)</p> <p>Stated: First time</p> <p>To be completed by: 24 October 2018</p> | <p>The registered person shall carry out a competency and capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in his absence.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Every senior carer within Gortacharn Residential Home shall have a competency and capability assessment carried out . This will be reviewed annually.</p> |
| Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011 | |
| <p>Area for improvement 1</p> <p>Ref: Standard 24.2</p> <p>Stated: First time</p> <p>To be completed by: 17 November 2018</p> | <p>The registered person shall ensure staff have recorded individual, formal supervision according to the homes procedures and no less than every six months for staff who are performing satisfactorily.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Formal supervision will be carried out every six months for staff members.</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 24.5</p> <p>Stated: First time</p> <p>To be completed by: 17 December 2018</p> | <p>The registered person shall ensure staff have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Staff members will have a recorded annual appraisal with their line manager.</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 20.6, 20.9</p> <p>Stated: First time</p> <p>To be completed by: 17 November 2018</p> | <p>The registered person shall ensure the statement of purpose and residents guide is reviewed and updated to reflect the use of the key pad system.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The statement of purpose and residents guide has been reviewed and updated to reflect the use of the key pad system.</p> |

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



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

Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care