

United Health Limited

# Bunkers Hill Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Bunkers Hill Care Home is in the heart of the city of Lincoln. It provides personal and nursing care for up to 78 people. The home is divided into four separate units to enable more focused and personalised care for people. It provides services to people who have needs relating to dementia, mental health issues, older age, and physical disabilities.

People's experience of using this service: People received safe care. Safeguarding policies and procedures were in place to protect people from harm and abuse. Management of people's medicine was robust. Staff followed infection prevention and control practices. Staffing levels were monitored and there were enough skilled and experienced staff to meet people's needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

Staff received appropriate induction, training, and support and applied learning effectively in line with best practice. This led to good outcomes for people and supported a good quality of life.

Where risks to people's wellbeing had been found detailed person-centred care plans and risk assessments were in place to inform the staff about the care people needed to receive.

People had their capacity assessed and were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were caring and kind. People we spoke with and their relatives confirmed this. Staff provided comfort and support if people became anxious or upset. Information was provided to people in a format that met their needs in line with the Accessible Information Standards.

Staff supported people to meet their health and nutritional needs. People were supported and encouraged to maintain their independence. Staff worked with health care professionals to maintain people's wellbeing.

People felt able to raise concerns and were confident they would be addressed. There was a good programme of activities in place. Dignified end of life care was provided at the service.

The service was well-led. The registered manager supported the staff team and they all worked well together. A range of quality checks and audits were undertaken to monitor the service provided. Action plans were created when shortfalls were found and corrective action was undertaken to improve the service.

Continuous improvement, learning and innovation had been implemented at the service. Community links

were promoted. People and relatives had the opportunity to provide feedback about the service. Data security was maintained.

Rating at last inspection: At the last inspection the service was rated requires improvement with two breaches of regulation (report published on 18/04/18). Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor this service and inspect in line with our re-inspection schedule or sooner if we receive information of concern.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

# Bunkers Hill Care Home

## Detailed findings

### Background to this inspection

**The inspection:** We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise included residential and dementia care.

**Notice of inspection:** The unannounced inspection was undertaken by three inspectors on 17 April 2019. On 18 April 2019 one inspector and an Expert by Experience concluded the inspection.

**Service and service type:** Bunkers Hill is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**What we did:** Before the inspection we checked information, we held about the service. This included notifications the provider had sent us about events or incidents that occurred and which affected their service or the people who used it. We contacted the local authority's adult safeguarding, commissioning and quality monitoring team to gain their views. And contacted Healthwatch England, the national consumer champion for health and social care, to ask if they had any information to share about the service. We used this information to help plan our inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

Some people who used the service were unable to tell us about their experiences. We used the Short

Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection, we spoke with 12 people living at the service and with seven relatives to ask about their experiences of the service. We spoke with the registered manager, residential manager, regional director, two nurses, a senior carer, chef, one activities co-ordinator, nine care staff, one housekeeping assistant and the maintenance person. We also gained the views of one visiting health care professional.

We reviewed a range of documentation including eight people's care records, medicine administration records (MARs), quality monitoring checks and audits, policies and procedures and three staff recruitment, training, supervision and appraisal records. We also looked at the compliments and complaints received.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were protected from abuse and avoidable harm. Legal requirements were met.

At our last inspection the provider had failed to assess the risks to the health and safety of people receiving care and treatment and do everything possible to reduce risk. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found all the issues had been addressed and the Provider was no longer in breach.

Learning lessons when things go wrong.

- Staffing levels were monitored along with people's dependency to make sure there were enough skilled and experienced staff provided to meet people's needs.
- Detailed risk assessments were in place to advise staff about the risks present to people's health and wellbeing.
- Accidents and incidents were monitored for trends and patterns. Advice was sought from health care professionals to maintain people's wellbeing and prevent any further re-occurrences.
- Heads of department met daily to share information, discuss any issues and review how staff were meeting people's needs. Information was shared with staff to act upon as necessary.

Staffing and recruitment.

- People's needs were met by staff in a timely way. Staffing levels were increased to escort people to appointments, attend activities and to support people receiving end of life care.
- Nurses had their registration checked with the Nursing and Midwifery Council (NMC).
- Safe recruitment processes were followed. Full employment checks were undertaken to confirm they were suitable to work in the care industry.

Systems and processes to safeguard people from the risk of abuse.

- Safeguarding and whistleblowing policies and procedures were in place and staff were provided with training about how to protect people from harm and abuse. A member of staff said, "I would report issues straight away."
- Staff reported potential issues to the management team who shared this information with all relevant parties. This helped to protect people.
- People told us they felt safe. One person said, "I do feel safe here, yes. I have no concerns for my possessions, as staff are trustworthy." A relative told us, "I have been away and I have had no concerns. [Name] was safe and well cared for."

Assessing risk, safety monitoring and management; Preventing and controlling infection.

- Assessments of people's needs identified potential hazards to their health and wellbeing. Risk assessments were created, monitored, reviewed and updated as people's needs changed.

- Personal Emergency Evacuation Plans (PEEPs) were in place to inform staff about the support people required in an emergency.
- Robust infection prevention and control practices were in place throughout the service.
- People told us the home smelt clean and was cleaned regularly. One person said, "My room is cleaned daily."

Using medicines safely.

- Medicine management was robust. Medicine administration records were reviewed daily to make sure they had been completed and people had received their medicines, as prescribed.
- Safe systems were in place for the ordering, administration, storage and disposal of medicines.
- Staff undertook training about how to manage medicines safely.
- There were detailed protocols in place to guide staff about administering 'as required' medicines and topical creams'.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions had been authorised and whether any conditions on such authorisations were being met.

- Staff understood and promoted the principles of the MCA and undertook training about this.
- Staff understood what constituted a deprivation of liberty and knew when people's DoLS were due to expire. DoLS applications were submitted to the local authority for their consideration.
- Best interest decisions were made in consultation with people's relatives and relevant health care professionals to make sure people's rights were protected.
- Staff gained people's consent before care tasks were undertaken. People told us they made their own choices and were listened to.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Staff completed assessments of people's needs and obtained information from relevant health and social care professionals to make sure people's needs were known and could be met.
- People who used the service confirmed their needs were met by the skilled staff. One person told us, "Staff look after me and would get the doctor for me."
- Staff were aware of good practice guidelines and used them to support the delivery of care for example, The National Institute for Health and Care Excellence (NICE) and Social Care Institute for Excellence (SCIE) guidance about dementia friendly environments.

Adapting service, design, decoration to meet people's needs.

- Pictorial signage was present to assist people to find their way around. Bedroom doors were decorated brightly with contrasting paint colours and personalised memory boxes had been created to help people find their bedroom.
- Improvements had been made to make the environment dementia friendly.
- Quiet lounge's and separate areas for activities were provided along with 'Rosie Lee's' Sweet Shop and

Café.

- A secure garden with raised beds had been created with seating so that people could sit outside and enjoy the fresh air.

Staff support: induction, training, skills and experience.

- New staff had a structured induction programme which was tailored to their needs. This included undertaking the Care Certificate (a nationally recognised training scheme) to enhance their caring skills.
- Staff undertook training in a variety of subjects to maintain their skills and knowledge. A member of staff told us, "There is plenty of training provided." This included staff experiencing how it felt to be fed or be in a wheelchair.
- Staff received regular supervision and a yearly appraisal which allowed them to discuss further training and development needs.
- The management team monitored the service and undertook observations to ensure staff had the skills, training and time needed to support people's diversity effectively.

Supporting people to eat and drink enough to maintain a balanced diet.

- People's nutritional needs were met. Special dietary needs were catered for. Staff assisted, encouraged and monitored people where necessary to eat and drink. A healthy diet was promoted.
- Staff contacted health care professionals for help and advice if people were losing weight or were at risk of choking.
- The cook spoke with people to gain their views about the food and acted upon what people said. People told us, "The food is very good here" and "There is a great choice of meals every day."
- Pictorial menus helped people living with dementia choose what they would like to eat. Snacks were available any time.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- People had access to health care professionals such as GP's and district nurses. A weekly clinic was held at the service by a nurse practitioner to maintain people's wellbeing.
- Staff knew people well and recognised when they were unwell. Concerns were reported in a timely way and health care professional's advice was followed to maintain people's health. A 'hospital passport' document was used to share information with other services, to ensure people's needs would continue to be met.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- Staff provided one to one support for people and conversed with them as care was provided.
- Staff had built positive relationships with people and their relatives.
- Staff reassured people who became anxious or upset. Gentle appropriate touch, reassurance or diversion was used to calm people.
- People told us the staff were kind and caring. We received the following comments, "The staff are very nice people" and "I am really well cared for here." One relative said, "I am well satisfied with the care that the staff give [Name]."
- Staff told us they loved their jobs. One member of staff said, "I love working here I feel people are well cared for."
- People's relationships with family and friends were supported and encouraged. For example, Valentine's day meals had been served for couples and families in the Rosie Lee Café. Visitors were made welcome at any time.
- Care and support was delivered in a non-discriminatory way and people were supported to follow their faith and live their lives the way they wanted to.

Supporting people to express their views and be involved in making decisions about their care.

- Staff enabled people to make decisions about their care and support and they were there to provide help and encouragement, when needed. A person told us, "I can choose who I sit with, when I get up and what I do and so on."
- Care plans informed staff about people's communication needs. Information was given in a format that people could understand.
- Staff encouraged people to make decisions regarding their care and support. Staff gave people time to respond to questions or re-phrased them to make it easier for people to understand what was being said.
- Advocates were available to people, if required, to help them raise their views.

Respecting and promoting people's privacy, dignity and independence.

- People's privacy and dignity was protected. Personal care was delivered to people in their bedrooms or bathrooms with the doors closed. People held keys to their own bedrooms as they wished.
- People's personal care needs were met. Staff ensured people dressed according to their wishes and preferences.
- Care files contained information about tasks people could undertake for themselves and the support required for people to remain as independent as possible. This information was stored securely to ensure confidentiality.

- The dignity champion completed spot checks of staff practice to ensure they treated people with dignity and respect.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that services met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People received responsive care and support. Staff assessed people's needs and created individualised person-centred care plans, which were reviewed and updated as people's needs changed.
- Information about people's likes, dislikes and preferences for their care and support were recorded and staff acted upon this information.
- Guidance about how to manage people's behaviours that may challenge the service or others was available for staff to follow.
- Information was provided to people in a format that met their needs.
- People told us staff were responsive to their needs, looked after them well and were there when they needed help. Relatives confirmed staff were responsive to their relations needs and kept them informed. One relative said, "I am kept up to date with any changes."
- There was an extensive and creative programme of activities provided which included outings, entertainment, arts and crafts, knitting, reading and doll therapy for people living with dementia. One to one activities were provided for people living with dementia. Staff took part in activities to help enrich people's lives.
- Children from a local school and local clergy visited the service to engage with people.

Improving care quality in response to complaints or concerns.

- The provider's complaints policy was provided in a pictorial format to help people understand it.
- Complaints received were documented, investigated and resolved. Learning from issues raised occurred and this was shared with staff to improve the service.
- People told us they would raise issues and could complain but had not needed to. One person told us, "I have no complaints."

End of life care and support.

- People were given the opportunity to discuss their end of life wishes and plan for them. This information was recorded.
- Staff gained assistance from health care professionals to make sure people were kept comfortable and pain free at the end of their lives. Relatives were encouraged to stay with their loved one if they wished, at this important and difficult time.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to suitably assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found all the issues had been addressed and the Provider was no longer in breach.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, how the provider understands and acts on duty of candour responsibility.

- The management team had implemented robust quality monitoring systems checks and audits and acted to address any issues found.
- A variety of methods were used to gain people's feedback. Staff spoke with people living with dementia on a one to one basis and acted upon their feedback.
- Minutes of meetings held were provided to people in a suitable format for them. One person told us, "I have attended relative's meetings, really we just "nit-pick" because there is nothing to complain about."
- The registered manager had an open-door policy and people living at the service, their relatives or staff could speak with them at any time. A person told us, "The manager is always available."
- The registered manager understood their legal responsibilities including the duty of candour, which sets out how providers should explain and apologise when things have gone wrong.

Planning and promoting person-centred, high-quality care and support.

- People received responsive person-centred care and their needs were monitored. People's records were updated as their needs changed.
- The management team and staff promoted a strong person-centred culture and demonstrated a caring nature. For example, staff had helped a person to claim back money owed to them which allowed them to buy a mobility scooter.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People spoke positively about the service and were satisfied with the care they received. They told us they could not be looked after any better. One person said, "I would recommend this service."
- Staff understood and embraced the providers values. The management team and staff were committed to achieving good outcomes for people.
- Staff told us the service was well-led by the registered manager and provider. Staff confirmed there had been a lot of changes made since the last inspection. One member of staff said, "The manager listens and

they have improved things" another said, "The manager is always available when we need her. She has the residents and staff's best interests at heart."

Working in partnership with others.

- The management team worked across the provider group to share best practice ideas. They worked with local health care professionals and organisations. Good practice guidance and legislation was followed.
- Staff 'Champions' were in place for dementia care, dignity, end of life care, safeguarding and infection control. Staff with these lead roles supported good practice and helped staff develop their skills and knowledge in these areas.