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

Overall summary

The inspection took place on 20 May 2015 and was unannounced.

Bunkers Hill is registered to provide accommodation for nursing or personal care for up to 78 older people, people living with a dementia, mental health problems, physical disability and younger adults. The home is divided in to four units to enable focussed and personalised care to people. There were 76 people living at the service on the day of our inspection.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act, 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict

Summary of findings

their freedom in some way. This is usually to protect themselves or others. At the time of our inspection 17 people living at the service had their freedom lawfully restricted under a DoLS authorisation.

People felt safe and were cared for by kind and caring staff, who understood safeguarding issues and knew how to recognise and report any concerns in order to keep people safe from harm. People's safety was maintained, because staff ensured safe ordering, administration and storage of medicines. Also, the registered provider ensured that there were always sufficient numbers of staff to keep people safe.

People were cared for by staff that were supported to undertake training to improve their knowledge and skills to perform their roles and responsibilities. People had their healthcare needs identified and were able to access healthcare professionals such as their GP or dentist. Staff knew how to access specialist professional help when needed.

People and their relatives told us that staff were kind and caring and we saw examples of good care practice. People were always treated with dignity and respect and enabled to follow their hobbies and pastimes. People were supported to make decisions about their care and treatment and maintain their independence.

There were systems in place to support people and their relatives to make comments about the service or raise concerns about the care they received. People and their families told us that the registered manager and staff were approachable.

The registered provider had systems in place to monitor the quality of the service and make improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were enough staff on duty to meet people's needs.

Staff had access to safeguarding policies and procedures and knew how to keep people safe.

Good

Is the service effective?
The service was effective.

People were supported to make their own decisions and appropriate systems were in place to support those people who lacked capacity to make decisions for themselves.

People were cared for by staff that had the knowledge and skills to carry out their roles and responsibilities.

People were supported to have enough to eat and drink and have a balanced diet.

Good

Is the service caring?
The service was caring.

Staff had a good relationship with people and treated them with kindness and compassion.

People were treated with dignity and staff members respected their choices, needs and preferences.

Good

Is the service responsive?
The service was responsive.

People's care was regularly assessed, planned and reviewed to meet their individual care needs.

People were encouraged to maintain their hobbies and interests and supported to maintain links with the local community.

Good

Is the service well-led?
The service was well-led.

The provider had completed regular quality checks to help ensure that people received appropriate and safe care.

There was an open and positive culture which focussed on people and staff, people and their relatives found the registered manager approachable.

Good

Bunkers Hill Care Home

Detailed findings

Background to this inspection

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

The inspection took place on 20 May 2015 and was unannounced.

The inspection team was made up of three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using services or caring for someone who requires this type of service.

Before the inspection we looked at previous inspection reports and we reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. We used this information to help plan our inspection.

We looked at a range of records related to the running of and the quality of the service. This included staff training information and staff meeting minutes.

We also looked at the quality assurance audits that the registered manager and the provider completed which monitored and assessed the quality of the service provided.

During our inspection we spoke with the registered manager, the deputy manager, a registered nurse and a senior carer. In addition, we spoke with the housekeeper, two care staff, the chef and the activity coordinator. We also spoke with seven people who lived at the service, and five visiting relatives. In addition, we observed staff interacting with people in communal areas, providing care and support.

We looked at the care plans or daily care records for seven people. A care plan provides staff with detailed information and guidance on how to meet a person's assessed social and health care needs. In addition, we undertook a Short Observation Framework for Inspection (SOFI) at lunchtime. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We asked the local authority and commissioners of healthcare services for information in order to get their view on the quality of care provided by the service.

Good

Is the service safe?

Our findings

People and their relatives told us that the service was a safe place to live. One relative said, "It's very safe." And another said, "It's safe. I have no reason to think otherwise."

People had their risk of harm assessed. We found that a range of risk assessments had been completed for each person for different aspects of their care such as locks on bedroom doors, moving and handling and falls. Care plans were in place which enabled staff to reduce the risk and maintain a person's safety. We saw where a person's condition changed their risk of harm was reassessed and their plan of care reviewed. Furthermore, external safety risk assessments were undertaken, such as security in the car park and gardens.

In addition, there were systems in place to ensure the safety of people living at the service such as external security doors which were locked between 5pm and 9am and internal doors which were locked at all times. One person told us that they found the locked doors reassuring. They said, "Gosh, I'm safe, you can't get through the doors." A senior carer explained the process for shift handovers, night time checks on people and completing incident reports. All incidents were recorded, for example, we saw where a person had sustained an un-witnessed bruise to their hand that an incident log had been completed.

There were systems in place to support staff when the registered manager was not on duty. Staff in each area had access to an emergency folder that contained contingency plans to be actioned in an emergency situation such as a fire or electrical failure. We saw that people had a personal emergency evacuation plan that detailed the safest way to evacuate them from the service. Staff had access to on-call senior staff out of hours for support and guidance. The emergency folders were reviewed weekly and a master copy was kept in the main reception area.

The provider had policies and procedures in place to support staff to prevent people from avoidable harm, potential abuse and help keep them safe. The registered manager told us that nursing and care staff were kept up to date with current best practice guidelines to keep people safe. Staff were aware of what to do if they suspected that a person was at risk of abuse. One member of staff said, "I would not be frightened to challenge, but I would also escalate to the home manager and contact the CQC."

We looked at five staff files and saw that there were robust recruitment processes in place that ensured all necessary safety checks were completed to ensure that a prospective staff member was suitable before they were appointed to post.

There were enough staff on duty to support people's care needs. One staff member told us that as a person's care needs changed that the registered manager would increase staffing levels to meet their needs. We saw that people had their dependency levels monitored. However, one relative shared their thoughts on staffing levels, "The staff are marvellous, there could be more as staff are always busy." In addition, one person told us, "Enough staff? Yes, I think so."

We looked at the safe storage of medicines and found they were stored in accordance with legal requirements. All medicines were stored in locked cupboards, medicines trolleys or fridges. Daily fridge temperature checks had been recorded and were found to be within acceptable limits. We saw there were processes in place for the ordering and supply of people's medicines to ensure they were received in a timely manner. Furthermore, people had an annual medicines review from their GP.

We observed medicines administration at lunchtime. The registered nurse did not follow correct procedures as they did not take the medicine trolley on their round. Furthermore, we saw them take medicines for two people from the treatment room at a time rather administer to one person at a time. We brought this to their attention and they acknowledged that this was unsafe practice and increased the risk of a medicine error occurring. However, we later saw that the registered nurse repeated this practice. We shared our concerns with the registered manager who said they would address the incident with the nurse. However, we did observe best practice in another area of the service where a carer was administering medicines. They talked to each person, explained their medicines to them and stayed with them until they had taken it.

We looked at the medicines administration record (MAR) for 20 people and noted that they had a photograph of the person to aid identification and any known allergies were recorded. Medicines had been given consistently and there were no gaps in the MAR charts. Staff told us if a person refused their medicine for more than 24 hours they notified their GP. Some people with advanced dementia had their

Good

Is the service safe?

medicines administered covertly and we checked one person's care record in relation to this. There was a record of the need for covert administration in the person's care plan and a record of the involvement of their family doctor in the decision. A covert medicine is a prescribed medicine that is hidden in a person's food in their best interest to ensure that they take it.

Good

Is the service effective?

Our findings

The registered provider had robust recruitment practices in place to appoint staff that would be capable to develop the knowledge and skills to deliver safe and effective care to people. We saw that newly appointed staff worked through an induction programme and they shadowed an experienced member of staff until they felt competent to work on their own initiative. In addition new care staff completed a health and social care learning package provided by Skills for Care that equipped care staff with the skills and knowledge needed to provide safe, high quality care with people in any health and social care setting. Furthermore, new staff were provided with a biography of all the people who lived at the service to help them get to know people.

Staff undertook mandatory training in key areas, such safeguarding, deprivation of liberty safeguards and dignity. In addition, several staff were supported to work towards a nationally recognised qualification in adult social care and some staff had undertaken additional training in specialist subjects such as the care of a person living with dementia.

Furthermore, the registered manage had taken a proactive approach to training and developing staff to ensure that there was always staff on duty to meet people's diverse and individual care needs. For example, we learnt that several care staff had been supported to develop a nursing assistant role and had been trained in extended roles such as catheterisation, taking blood samples and giving medicines. In addition, some staff had lead roles in key areas such as, moving and handling, infection control and safeguarding and helped to raise awareness and acted as a resource for their colleagues.

We observed that people's consent to care and treatment was sought by staff. People had signed their consent to share their information and have their photograph taken for identification purposes. Where a person lacked capacity to give their consent staff acted in their best interest and a mental capacity assessment had been undertaken with the registered nurse or a senior carer. We saw where one person lacked capacity to consent to their care their next of kin who was also their lasting power of attorney signed consent on their behalf. A lasting power of attorney is someone registered with the Court of Protection to make decisions on behalf of a person who is unable to do so themselves.

We spoke with the registered manager and nursing and care staff about their understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The MCA is used to protect people who might not be able to make informed decisions on their own about the care or treatment they receive. Where it is judged that a person lacks capacity then it requires that a person making a decision on their behalf does so in their best interests. We saw there was a policy to guide staff in the DoLS and MCA decision making processes. There were 17 people living at the service being cared for under a DoLS authorisation. We found that all the assessments and reviews were undertaken in a person's best interest. Staff were aware of the MCA and DoLS and one staff member said, "All the information about residents relating to MCA is in their care plans." We found that people who lacked capacity to make decisions for themselves had a care plan to help support them in the decision making process.

Some people had a do not attempt cardio pulmonary resuscitation (DNACPR) order at the front of their care file. A DNACPR is a decision made when it is not in a person's best interest to resuscitate them if their heart should stop beating suddenly. We looked at one DNACPR order and found that the decision had been discussed with the person and that they had an advanced care plan to support care staff to respect their decision.

People and their relatives told us that the food was good and they had access to food and drink at any time. One person said, "The food is very good actually, a lot of choice." And a relative told us, "The food is ok. He eats everything that is put in front of him, no problem." Another relative said, "He's always got a drink and although he can't get it himself they seem to come in regularly. In the Summer they are always bringing them drinks and ice cream." We observed lunchtime and found that people were offered a choice of meal and alternatives to the main menu were available. People were offered a drink with their lunch and a jug of fruit was left on each table for people to help themselves. We saw where a person required assistance to eat their meal that a member of staff sat beside them and supported them to eat their meal at their own pace. One person who was unable to verbally express their wishes declined their main course and staff offered them several alternatives until the person saw a dish that they wanted to eat. Some people did not like to sit at the

Good

Is the service effective?

table to eat their meal. Staff supported them to eat their meal on the move. One staff member said, "If we made them sit down they wouldn't eat their meal." We saw that they ate a good meal.

We spoke with the chef who explained that there was a four week menu plan that was due for review. The chef attended most residents and relatives meetings to hear first-hand any comments on the food and answer any questions. He said he talked with people about their likes and dislikes and when they introduced new foods they asked for people's feedback. In addition, the chef told us that they were aware of people's special dietary needs and food allergies and we saw that special dietary needs were catered for. For example, one person was unable to eat food that was made with wheat and they had special biscuits and bread provided for them.

When a person was at risk of dehydration or malnutrition care staff completed a food and fluid intake chart with an accurate record of what a person had to eat and drink down to the finest detail such as if they had butter on their bread and milk and sugar in their tea. The charts were reviewed daily and signed. A senior carer told us that people were weighed weekly and any concerns were immediately shared with their GP who prescribed nutritional supplements if needed.

Where a person was unable to take food and drink orally they received all their nutrition and hydration needs and medication through a special tube inserted directly in to their stomach. Care staff told us that they were supported by a dietician and the person's GP to manage this process effectively.

Staff ensured that people had adequate food and drink when they missed a mealtime because they were attending an outpatient appointment. People were provided with a packed lunch which included a sandwich, cake and drink. A hot meal was provided for them on their return.

People were supported to maintain good health. We saw that people had access to healthcare services such as their GP, speech and language therapist and physiotherapist. Staff told us that when a person was physically unable to leave the service that the health professional visited the service. People and their relatives confirmed that staff responded to their health needs. One person said, "A doctor comes here, they gave me an MOT. The optician comes too. I just got new glasses." A relative said, "She had an infection and sore feet. I raised it and they have pulled the finger out and it's getting better. X is an excellent nurse; she said just leave it with me and it has improved."

Good

Is the service caring?

Our findings

All of the people and their relatives that we spoke with told us that staff were caring. People made comments such as, "Smashing, the nurses are very nice, they are lovely." And, "Good food, good bed, well looked after, the staff are great." One relative said, "I've visited at all hours as you hear stories, things have always been fine." And another relative told us, "They are caring staff, they talk nicely as they go round and if they have got time they'll talk a bit longer."

There was a good rapport between people and staff and we noted that staff interacted with people in a kind and caring manner. Staff acknowledged people when they walked into a communal area and addressed people by their preferred name. We observed when a member of staff offered a person a cup of coffee and a biscuit that the person commented, "Ever so good to me, like a mother." One person's relative told us how staff tried to make people feel special. They said, "The made a birthday cake for my husband and we attended a birthday party for another resident when they turned 100."

We found that people had care plans developed to meet their individual needs. People and their relatives told us that they had been involved in writing their care plans and staff had listened to what they felt their care needs were. One person said, "I like to have as much independence as I can." One relative said, "Yes, I'm involved, I've been to meetings with nurses and social workers." Another said, "He's been assessed and I sat in, I've seen the care plan, I haven't been involved too much as they know him better than I do."

The registered manager told us that people were at the centre of the caring process. They said, "It's all about the resident's choice. It's not how we want it, It's what they want, it's their home." A member of staff said, "I treat everyone the same way as I would want my relatives treated, talking to residents civilly and giving them time."

Staff had the skills to reduce the risk of distressing situations. For example, we observed a member of care staff take a caring and sensitive approach to a person living with dementia who was unsure where the dining room was. The staff member told the person their name and the person's face broke into a smile, they repeated the staff members name, took their arm and walked with them to the dining room. We later saw the person at lunch and they were calm and relaxed.

Leaflets on the role of the local advocacy service were on display. These provided care staff and people with information on how to access an advocate to support a person through complex decision making, such as permanently moving into the care home.

Relatives shared with us that their loved ones were treated with dignity and respect and although staff were busy they always had time for people. One person's relative said, "Never seen anyone distressed or bothered and no-one is dealing with them. Even though they are very busy sometimes, they never get impatient or show stress." One person told us, "They treat you very well. I've never seen anything where people are not treated with dignity and they do treat me very well. I'd tell them if they didn't."

Staff had access to designated dignity champion who provided staff with national guidance on how to respect a person's privacy and dignity. In addition, there was a dignity notice board with up to date information accessible to all visitors to the service.

We observed that staff respected people in a number of ways. For example, before staff entered a person's bedroom they knocked on their door, called out hello, said who they were and why they were there. In addition, bedroom doors were closed when a person was receiving personal care. Also, at lunchtime staff offered people tabards to protect their personal clothing from spills.

Good

Is the service responsive?

Our findings

People had their care needs assessed and personalised care plans were in place to outline the care they received. Care was person centred and people and their relatives were involved in planning their care. For example, we found that where one person who was at risk of weight loss did not want assistance at mealtimes as they were worried they would lose their independence that staff acknowledged their request and closely monitored their food intake and weight. A senior carer explained the importance of person centred care plans, "It's all about the person. Not one thing suits all, it's about what they would like, revolved around the person, tailored made."

Different staff groups worked together to enable people to have personalised care to meet their individual needs. For example, the visiting hairdresser told us that when a person was unable to have their hair washed at the hairdressing sink, care staff would assist the person to have their hair washed in the bath or shower prior to them having their hair done.

There were two designated activity coordinators who planned their rota to cover evenings and weekends to ensure that people had support to follow their hobbies and interests. There were several group and individual activities taking place. We observed nine people taking part in ball game musical movement exercise with the activity coordinator. People were actively involved and praised each other for their achievements. We later spoke with one activity coordinator who spoke with passion and enthusiasm about how they provided the activities and pastimes to suit people's needs. They said, "I've changed my working hours as people wanted evening activities, so I now stay to 9pm. I read a book with some people and take others out for a walk after tea to the shops." The activity coordinator told us that if people were unable to communicate their likes and preferences they spoke with their family to gather information on their life and social histories to help meet their individual needs.

People told us that they could spend their time how they wished. One person said, "We do activities, I join in, but not all the time, as I like to read." Later in the afternoon, we saw the activity coordinator gently encourage one person to join in a bingo session. The person agreed to help the activity coordinator call out the numbers.

People's care plans identified their likes and dislikes. For example, we saw where one person enjoyed listening to music and opera that their care plan documented this as part of their care regime to help prevent them from becoming distressed. We saw this person was listening to music of their choice.

People were supported to maintain their outside interests. For example, one person enjoyed visiting the local shopping precinct. A staff member told us, "He goes out as and when he chooses, goes to the local shops." We spoke with this person who told us, "I love it, everything about it, I like to have as much independence as I can. I can go out it's lovely."

There were areas of the service specifically designed to help people living with a dementia to recall times gone by with family, friends and care staff. For example, there was a 1940's style café and a reminiscence lounge decorated with memorabilia. We saw that several staff wore dementia friend badges. Dementia friends help to change the way the public think, act and talk about dementia; they learn what it is like to live with dementia and share this knowledge with others.

People and their relatives told us that if they had any concerns they would initially speak with the carers. One person said, "If I had any problems I'd go to the senior carer, but there doesn't seem to be any problems. If she couldn't handle it I would go to the manager." Staff were supported to respond to people's concerns appropriately and had access to a concerns and complaints policy. A person's relative told us, "When he was up more I did have to mention how he was dressed. He always liked to be smart, a shirt and tie; they did that after I asked."

People and their relatives had access to the complaints procedures in the main reception area. Furthermore, guidance on how to make a complaint was contained within the statement of purpose and service users guide. Complaints were responded to in a timely manner in accordance with the providers policies and procedures. There was a relative's communication book at the main reception. Relatives were invited to make comments or give feedback on the service. One entry read, "White boards in communal areas should have topical information written on them, as this would be a talking point for visitors." We saw that this had been responded to positively and designated white boards in the lounges had information about the date, weather and the menu choices.

Good

Is the service well-led?

Our findings

People and their relatives were invited to regular meetings with the registered manager, chef and activity coordinator and future activities and menu choices were discussed. The last meeting was held in February 2015. In addition, there was a resident's charter on display that supported the culture of the service that covered topics such as equality, diversity and human rights, dignity and choice.

We found that there was a positive leadership culture in the service. Staff told us that the registered manager and deputy manager were approachable. One staff member said, "Wonderful lady, very approachable and good at job. Ideal manager." Another staff member said, " Manager is supportive, but I haven't really needed her support as the senior carers are all very supportive." The chef told us that they attended head of department meetings with the registered manager every month or so and said they were approachable and easy to talk to.

All staff groups were supported through regular supervision and appraisal and staff told us that it was a positive experience and they received feedback on their performance. One member of staff told us, "I have three appraisals a year and have one to one meetings with the deputy." We saw that the service had an open culture. For example, some staff told us that they received feedback on their performance from people, their relatives and other staff.

Staff meetings were held for all groups of staff and staff were encouraged to participate. One staff member told us that they felt able to raise things at staff meetings. We looked at the minutes from recent meetings and saw that the topics discussed were specific to staff roles and responsibilities. For example, dignity was discussed at a general staff meeting; safe staffing levels with heads of department and deep cleaning with the housekeeping team.

Staff told us that it was a good place to work and that there was a good team approach. One staff member said, "We all muck in, all pull together." Furthermore, people recognised that staff were happy in their work. One said, "I was in another place for eight years. The staff are a lot happier here. It's a happy place, a relaxing place. They seem to enjoy their job more."

The registered manager was visible to people and staff throughout our inspection. We saw that they spoke to people when they walked about the service, knew people and they responded well to her. The registered manager told us that they took a proactive approach rather than reactive one to lead change in the service and were well supported by the registered provider.

A programme of regular audits were in place that covered key areas such as medicines, infection control, care files and manual handling equipment. An action plan was produced to address any areas in need of improvement. The registered manager told us that the outcome of the audits were shared with staff. We found that the registered manager had the leadership skills to support their staff to continually improve the quality of care within the service.

Staff had access to policies and procedures on a range of topics relevant to their roles, For example, we saw policies on safeguarding, food safety and medicines. Staff were aware of the whistle blowing policy, knew where to find it and knew how to raise concerns about the care people received with the registered manager, local authority and CQC. We found that previous safeguarding and whistle blowing concerns had been investigated by the registered manager and appropriate actions had been taken.