

United Health Group Limited

Bunkers Hill Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bunkers Hill care Home, is a nursing home providing accommodation and personal care for up to 78 older people, including people living with dementia and people with nursing care needs. At the time of our inspection, there were 69 people living at the service.

People's experience of using this service and what we found

Staff deployment did not consistently meet people's individual needs. People told us they often had to wait for assistance and one unit did not have sufficient staff. The provider was in the process of completing a new dependency tool, but increased staffing levels and reviewed staff deployment immediately.

We found some equipment used by three people were not fully working. These items were replaced by the provider with immediate effect. We found medicines management expected best practice guidance was not consistently followed. This had not impacted on people's safety and the provider had a monthly medicines audit that showed shortfalls and actions were taken when required.

Staff were aware of their role and responsibilities to protect people from abuse and avoidable harm. However, they had not always followed the provider's safeguarding policies. Action by the management team was taken to address this.

Risks associated with people's needs had on the whole been assessed and action had been taken to mitigate risks. The provider's audits and checks had identified care plans and risk assessments needed reviewing to ensure they were sufficiently detailed, and action was being taken to address this.

Infection prevention and control measures were in place to reduce risks and the service was found to be clean and hygienic.

Staff had been safely recruited and received ongoing training and support. Training needs were regularly reviewed, and gaps were discussed with staff and additional training planned. People felt staff were competent and understood their individual needs.

The providers policies and procedures reflected best practice guidance and recognised assessment tools were used. People confirmed they were supported effectively with their health conditions and accessed external health care services. Recommendations made by external health care professionals were implemented.

People were happy with the quality and choice of meals. Staff knew people's dietary needs and preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

People were positive about the approach of staff and found them to be caring and kind, and independence was promoted, and overall dignity respected. People and or their relatives and advocates were involved in discussions about how care was provided. People's end of life care wishes had been discussed and planned with them.

People and visitors had access to the provider's complaint procedure and complaints had been fully investigated and action taken to make improvements where required.

People's social history, cultural and spiritual needs, interests, hobbies, and pastimes had been discussed and recorded. People received opportunities to share their experience of the service.

A new governance framework had recently been introduced. The provider and registered manager understood and met their registration regulatory requirements.

For more details, please see the full report which is on the Care Quality Commission website at www.cqc.org.uk

Rating at last inspection

The last rating for the service was good (published 5 June 2019). Since then the provider has changed its legal entity.

Why we inspected

This inspection was completed due to the provider's registration history.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bunkers Hill Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not consistently safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not consistently well led.

Details are in our well led findings below.

Requires Improvement ●

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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors 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.

Service and service type

Bunkers Hill Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Bunkers Hill Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent to us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvement they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with six people who use the service and seven relatives to ask about their experience of the care provided. We observed staff interaction with people who use the service, this included a 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.

We also spoke with the registered manager, the operations manager, the training coordinator, the head housekeeper, two domestics, two senior care workers, a nursing assistant, four care workers, the cook, an activities coordinator and two visiting professionals. We looked at eight care files along with a range of medication administration records. We looked at other records relating to the management of the service including staff recruitment and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included training data, quality assurance records and policies. We also contacted further external professionals and received feedback from the GP.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- We identified concerns with access into the building. We were aware from a recent local authority safeguarding investigation concerns had been identified about access to the building. We found whilst security doors were in place onto the different areas where people lived, the public had access into the reception which was not continuously staffed. We agreed with the local authority, this posed an element of risk to people using the service. The management team took immediate action and restricted access, resulting in visitors gaining entry via staff only.
- We found some inconsistencies, in guidance provided to staff about how to manage and mitigate known risks associated with people's care needs. However, the provider's current action plan confirmed this had been identified and actions were being taken to make improvements. On speaking with staff, they demonstrated a good awareness of people's individual care needs. We therefore concluded this was a recording issue which was being addressed.
- Equipment used by people was found to not be in full working order. For example, a relative told us their family member's bed was faulty. Another person's pressure relieving mattress was found not to be set or working correctly. We discussed these examples with the management team, who advised they were not aware of this and the bed and mattress were changed immediately.
- Following the Fire and Rescue service fire safety audit in 2021, action had been taken to improve fire safety. Health and safety audits and checks were completed regularly, this included a daily walkaround by the management team to monitor safety. Personal Emergency Evacuation Plans were in place and up to date.

Staffing and recruitment

- Staff deployment was found not to meet people's individual needs. Feedback from people who use the service and relatives raised some concerns about staffing levels. A person said, "I don't think there is always enough staff, sometimes I have to wait quite a long time for the buzzer to be answered." A relative said, "I don't think there is enough staff, they are always rushing about, and it seems like they don't completely finish a job before moving on."
- One unit did not have sufficient staff to meet people's care needs. We observed other units where staff were not consistently in communal areas monitoring people's safety and welfare needs. We concluded this was a deployment issue and senior staff required support and development in how to effectively deploy staff. We discussed this with the management team who agreed to upskill the staff.
- The management team told us they were in the process of completing a new dependency tool that would more accurately assess staffing levels required. Staff told us they felt that on three out of four units, the staffing levels were sufficient. On the second day of our inspection, the provider increased the staffing levels

with immediate effect in the unit identified as not being staffed sufficiently. Action was also being taken to upskill staff to improve staff deployment.

- Staff were recruited safely. Records showed there were safe recruitment processes in place to ensure people were supported by suitable staff. This included checks on staff employment history and criminal records. Records were in place to ensure nursing staff were registered with the Nursing and Midwifery Council (NMC).

Using medicines safely

- Best practice guidance had not been consistently followed. For example, handwritten medication administration records had not been signed by two staff. Not all liquid medicines and creams were labelled with dates of opening. Room temperatures of stored medicines exceed the expected temperature for the last four consecutive days. A medicines trolley was observed to be unlocked for a five-minute period. No person had come to harm and these shortfalls were discussed with the management team who took immediate action.

- People received their prescribed medicines safely. People told us they received their medicines when required. We observed a staff member asking if a person required analgesia (pain relief).

- The registered manager completed monthly audits. Records confirmed action had been taken when shortfalls were identified. Staff responsible for administering medicines, received ongoing training and competency assessments. The provider had a medicines policy to support staff practice.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff were aware of their role and responsibility in protecting people from avoidable harm and abuse. However, from speaking with a staff member and observing a person's daily records, it was apparent staff did not always follow safeguarding procedures. For example, a potential safeguarding incident had not been reported to the management team. Whilst staff had received safeguarding training the management team agreed to take action to further upskill staff.

- Records confirmed the management team followed the local multi agency safeguarding procedure in reporting and investigating safeguarding incidents.

- The provider had monitoring systems and processes to review and analyse all types of incidents. This included a lesson learnt procedure to investigate and action any learning to reduce reoccurrence and reduce risks.

- People and relatives told us they felt staff provided safe care. A person said, "I feel safe and well cared for." Relatives confirmed they were informed of any incidents that had occurred.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to maintain contact with their family, friends, and advocate. The provider had safe

visiting procedures in place.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider used recognised assessment tools to support them to monitor people's healthcare needs and to achieve positive outcomes. Policies were based on current best practice guidance and legislation.
- People's care plans were evaluated monthly to ensure guidance for staff was up to date and to identify if further assessments or external referrals were required.

Staff support: induction, training, skills, and experience

- Relatives told us they were confident staff were trained, competent and knew their relations needs. One relative said, "The staff know [relation] and understand their condition and how to care for them." Another relative said, "Staff certainly understand [relation's] condition, they are so patient and caring with them. They know how to get a laugh from them, and we can see they are really happy. We would certainly know if they weren't happy."
- Staff told us they had completed an induction and received ongoing training and opportunities to discuss their work, training, and development needs. Staff reported they did not always have time to read care plans but relied on staff handovers and guidance from senior staff of people's individual needs. Staff were found to be knowledgeable about people's care needs.
- The training coordinator said, "Some training is refreshed yearly and some three yearly. There are 25 mandatory topics. There are some training gaps, this is down to staff not completing. Last week I had supervisions with some staff re their training, if staff are not compliant then we would use the staff disciplinary process." The training plan showed some gaps in both nursing and care staff training. However, plans were in place to address this.

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

- People received sufficient amounts to eat and drink. People told us the food was good and there was always a choice. A person said, "The food is very good and tasty." Another person said, "The food is very good there is always a choice, and the menu is on the board for us to look at."
- Staff had information about people's dietary needs and preferences. They demonstrated an understanding of people's individual needs. Kitchen staff had limited information recorded on a white board in the kitchen. The management team told us each person had a diet notification document that advised the cook of their dietary needs and preferences. Whilst this was confirmed by the kitchen staff, it could not be located. The management team agreed to recomplete this.
- We observed people had a choice of hot and cold drinks and snacks during the day. Whilst we saw good examples of people being supported with meals and drinks, we observed a person sat for 40 minutes with their breakfast in front of them uneaten. Staff were observed not to offer any support or encouragement. We

shared this with the management team, who immediately followed it up with staff.

Staff working with other agencies to provide consistent, effective, timely care

- An emergency transfer document was used when a person needed to be admitted to hospital. The purpose of the document was to share information to assist healthcare professionals in the person's ongoing care.

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

- The environment was suitably adapted to meet people's individual needs. People had access to equipment to support them to move around the service.
- There was plenty of communal space, good lighting, spacious corridors, clear signage, and visually stimulating and colourful areas. Bedrooms were personalised. People had access to a secure outdoor space with seating.

Supporting people to live healthier lives, access healthcare services and support

- People told me they had access to their GP and were able to see a chiropodist and get to the dentist as needed. A relative said, "[Relation] has their hair done regularly and there is a chiropodist who comes in."
- We spoke to a visiting chiropodist who told us staff were always aware of their visits and supported people to access their service. Any recommendations that were, made staff followed. Feedback from a GP was positive in how staff supported people with their health conditions and made appropriate and timely referrals. Another external healthcare professional felt nursing staff lacked training and competency in some areas. They told us any concerns they had raised with the registered manager was acted upon and improvements made.
- People's care records confirmed people were supported to access health care services and recommendations made were followed. People's oral health care needs had been assessed and care plans were in place.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 particular 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- DoLS applications were appropriately submitted to the local authority. At the time of our inspection, no person had any conditions attached to their DoLS authorisations.
- Staff showed an understating of the MCA principles. A staff member said, "There are five principles, we assume the person has capacity unless deemed not to. There is a clear process to follow regarding best

interest decisions."

- Where people lacked mental capacity to consent, best interest decisions had been completed and relatives, advocates or representatives involved.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported, respecting equality and diversity

- People received kind and compassionate care. A relative said, "Recently [relation] has been very poorly, and the staff rang to say we needed to get here. They were lovely and caring and even got upset themselves, then [relation] rallied and I can only think it is because they have had such good care." Another relative said, "Staff are very attentive to [relations] needs and know their ways. They protect their dignity and treat them well. I have no qualms about them being here or their care."
- The assessment process considered people's protected characteristics and staff had received training in equality and diversity. People's diverse and cultural and religious needs were discussed with them and recorded in their care plan.
- Our observations of staff interaction, reflected what people told us about the staff team's caring and attentive approach. For example, a staff member effectively and caringly, responded to a situation where a person was experiencing increased anxiety. They used good diversional techniques. The person allowed themselves to be led back into the unit and they appeared to be pleased to be useful and felt they were appreciated.

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

- Overall we received positive feedback about how people and or their relatives, were consulted and involved in decisions about how care was provided. A relative said, "The staff are very much aware of [relations] condition and how to care for them. There is a comprehensive care plan they [staff] went through everything with me." Another relative told us how their relation had recently transferred to the service for a short stay from hospital but did not feel they had been asked about their relations care needs. We discussed this with the nurse and registered manager who followed this up.
- The provider encouraged the use of independent advocates to support people who required additional support. Some people had either an Independent Mental Capacity Advocate or an independent advocate from a national advocacy charity to support them.
- People's care records confirmed they were involved as fully as possible in their care. Staff were aware of the importance of seeking people's consent before providing care and we saw examples of this when staff were interacting with people.

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

- We observed staff to be respectful and supportive, maintaining people's dignity and promoting independence, choice, and control. This included examples of staff asking how people were, responding to people's comfort needs, and offering choices with meals and drinks. However, we observed a staff member

sitting on a person's seated walker speaking loudly to a person across the room giving them instructions of where to sit. This was not dignified, and we discussed this with the management team who agreed to follow it up.

- We observed how a staff member promoted a person's independence. For example, they encouraged a person to help them lay the tables for lunch. The person clearly enjoyed this activity.
- There were staff Dignity Champions in place. These are named staff who have additional responsibility for ensuring staff meet the dignity principles expected of them. These expected principles were also displayed to inform people what they should expect from staff.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were personalised and recorded their preferences, routines, important information such as history, family, work, interests, and hobbies. However, the provider's monitoring systems had identified in April 2022, care plans required reviewing to ensure they were sufficiently personalised, and plans were in place to complete this work.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed and a care plan developed to guide staff of their support needs.
- We saw information such as the complaints procedure had been provided in easy read. The registered manager advised information could also be provided in alternative formats such as large print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A team of activity coordinators provided a programme of daily activities for people to participate in if they wished. This included group activities such as games and quizzes and one to one activity such as nail care, massage, talking and reminiscing. External entertainers were now able to visit the service and pastoral care was also considered.
- Some people were cared for in bed and both care staff and activity staff ensured people did not feel isolated. People were supported to maintain contact with friends and family. A relative said, "During lockdown they [staff] did video calls then we had a room and now we can just come."
- People's care records confirmed their pastimes, interests and hobbies were discussed with them and used to help develop the activities and opportunities available to people.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure. The complaints log confirmed actions had been taken to investigate and make improvements where required. Complaints had been responded and concluded in a timely manner and in accordance with the provider's policy.
- People told us they felt able to raise any issues or concerns with staff. The complaints procedure was

available in easy read for people.

End of life care and support

- People at the end of their life had end of life care plans that reflected how they wished to be cared for at the end stage of their life. This was confirmed by a relative who said, "Staff have always included me in [relations] care plan, they are on an end of life plan now and we and staff went through it thoroughly together. I feel fully involved and informed and know [relation] is being cared for."
- Staff were aware of people's end of life wishes and ensured people had dignity, comfort, and respect towards the end of their life.
- Some people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) or Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) documents. These are important documents that inform staff of people's wishes or decisions made should emergency care be required. This information had been shared with staff.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; Continuous learning and improving care

- Staff accountability and management oversight needed to be improved upon. Our observations of staff, and through discussion with them and from reviewing people's daily records, found inconsistencies of staff practice. This put people at increased risk of harm.
- The deployment of staff and delegation of work and tasks needed reviewing, to ensure people had easy access to staff and their care and welfare needs were monitored. Care records showed staff had not always followed the provider's safeguarding policies when incidents had occurred. Care records confirmed staff had been reminded of the importance of good record keeping and expectations. Whilst the management team took immediate action to address these concerns, staff required refresher training and upskilling.
- The provider had recently reviewed their governance framework and in April 2022, had implemented new and improved systems and processes that monitored quality and safety. These required further time to fully embed, and to sustain improvements being made at the service. A further review was required to ensure they were sufficiently robust.
- For example, the provider had an action plan developed in April 2022 that confirmed actions being taken to improve the service. Some of the shortfalls identified during this inspection had already been identified. However, staff deployment, missing dietary notifications, the changes to the staff handover document (found to contain a limited summary about people's specific needs) had not been identified.
- The provider had a positive approach to continuous learning, development and improvement. They shared good practice across the organisation. Improvements were being made to incident monitoring. When things went wrong, a lesson learnt investigation was routinely completed.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- People's care records were being reviewed. This was to ensure they provided staff with sufficient guidance to support them in providing personalised care and for people to achieve positive outcomes.
- Feedback from a relative who had recently transferred to the service, raised some concerns about the assessment and development of care plans. Whilst we found a respite care plan had been completed, the nurse confirmed they had not involved the person and or relative in this process and further information was required. We discussed this with the management team and on the second day of our inspection, the nurse was supported to complete this work.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The management team demonstrated an open and transparent approach and understood their responsibilities around the duty of candour.
- Feedback from a healthcare professional confirmed the management team were open and honest when things went wrong. Comments included, "Concerns are quickly resolved, the registered manager is on the ball. There is an open and honest culture."
- Relatives told us they were informed of any incidents and how they found the management team friendly and approachable.

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

- People and their relatives or advocates received opportunities to share their experience of the service. A 'You said, we did' information board displayed feedback to people of the actions taken as a result of what had been shared.
- Monthly resident and relative meetings had recently been reintroduced following the COVID-19 pandemic. This was confirmed by a relative who said, "They (the service) had a residents meeting about a month ago. I think they are looking to have them monthly. They took notes and things, it was really very good and nice to be able to start getting back to a bit of normality."
- Overall, people were positive about the care they received. A person said, "I am generally happy living here. I can't think of anything they [staff] could do better for me." A relative said, "I would recommend it to others, you get greeted with a smile at reception and everyone makes you feel welcome. They get to know you personally and support you if you need anything."
- Staff were positive about working at the service and communication systems in place. One staff said, "I really like my job. I am continuously learning." Another staff member said, "I think as a whole staff team we are pulling together as a team and the management team are managing well."

Working in partnership with others

- The management team had developed positive links with external professionals and had regular meetings and communication with them. This joint working supported people to experience positive outcomes.
- Positive feedback was received from external professionals about how the service was managed. Where one professional raised some concerns about nursing care, they told us the management team had a positive and reactive approach and improvements had been made.