

Freedom Living Limited

Independence

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

We inspected Independence on the 5 January 2017 and the inspection was unannounced. Independence provides care and support for up to nine people living with a learning disability. On the day of the inspection, two people were living at Independence. The age range of people living at the service varied between 40 – 60 years old. People require support with personal care, medicines, nutrition, health, behavioural and communication needs. Accommodation is provided on two floors and has good access to the town centre.

The service had a registered manager in place. 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.

People spoke highly of the service. One person told us, "I feel safe here and I like it." Another person told us, "It's nice here; I like my bedroom and the food." Whilst the feedback from people was positive, we found areas of practice that were not consistently safe, effective, responsive or well-led.

The service was in the process of closing, however, had not formally notified the Care Quality Commission (CQC) neither had they submitted an application to re-register. Due to the process of closing, all paperwork and documentation relating to the running of the service had been archived at another property. As part of the inspection process, this information was requested from archive but was not provided at the time of writing this report. The provider was therefore unable to demonstrate how they were meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People told us they felt safe living at the service. However, risks associated with fire safety, hot water and the premises had not been mitigated. A business continuity plan had not been completed. Lone working risk assessments and policies were not in place. The absence of documentation and paperwork meant the provider was unable to demonstrate how they provided safe care and treatment. People's ability to evacuate the building had not been individually assessed. We have made a recommendation for improvement.

Systems were in place for people to receive their medicines. However, medicine audits were not completed and the registered manager and director had failed to act upon one person's medicine being missing from their individual monitoring dosage pack. We have made a recommendation for improvement.

The principles of the Mental Capacity Act (MCA) were not consistently embedded into practice. Systems to identify if people were subject to a Deprivation of Liberty Safeguard (DoLS) were not robust. A staff training matrix was not in place and the provider was unable to demonstrate what training had been provided. We have made a recommendation for improvement.

People spoke highly of the range of meaningful activities that were provided. The director told us, "We are

out, more than we are in." However, daily notes had been archived and the provider was unable to evidence this. Health action plans had not been reviewed or updated in line with people's change in health needs. Care plans were subject to regular reviews but these were not robust. We have made a recommendation for improvement.

Robust systems to monitor the safety and quality of the service were not in place. Governance systems to identify shortfalls were ineffective and complete, detailed and contemporaneous records were not consistently in place. Feedback was not obtained from people or their relatives and regular audits were not completed.

A range of notices and information was displayed throughout the service but made reference to the service's old name. These had not been updated or reviewed when the service changed to Independence in 2014. A complaints policy was on display but failed to make reference to the steps required if people were dissatisfied with the outcome of their complaint. We have made a recommendation for improvement.

People spoke highly of the food provided. One person told us, "The food is very nice. I like making cheese on toast and I like salads." People's independence was promoted and the principles of privacy and dignity were embedded into practice.

The registered manager and director had spent time building rapports with people. The director told us, "They are like our second family." Care plans were personalised and provided in picture format. People's bedrooms were personalised to their tastes and likes. With pride, one person spent time showing us their bedroom and items of importance to them.

During our inspection we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered providers to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

The provider was unable to demonstrate how systems to mitigate risks associated with the environment, premises, fire safety and hot water were robust and in place.

Lone working risk assessments and policies were not in place. In the event of the service being unable to function, a business continuity plan was not in place.

Risks to people's health and welfare were identified and steps were taken to minimise these without restricting individual choice and independence. People felt staffing levels were sufficient and confirmed they received their medicines on time.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

The Mental Capacity Act 2005 was not consistently being followed and consideration had not been given as to whether people were deprived of their liberty.

The provider and registered manager were unable to demonstrate what training had been provided to ensure a skilled and competent workforce was in place.

People's health needs were met in conjunction with a range of specialist and community services.

Support was in place to promote people's independence with eating and drinking. People spoke highly of the food provided.

Is the service caring?

Good ●

The service was caring.

Staff treated people with respect and they ensured that people's dignity was maintained at all times. Attention was given to ensuring that people's bedrooms as far as possible reflected their choices and tastes.

People were encouraged to be as independent as possible and received support to promote their daily living skills.

Staff encouraged and enabled people to maintain links with their families and friends.

Is the service responsive?

The service was not consistently responsive.

The provider was unable to demonstrate how they acted upon and learnt from complaints. Up to date and accurate records had not been maintained.

Care plans were person centred and considered what things people could do well and where they required support. People's life history had been recorded and people spoke highly of the activities provided.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Robust systems were not in place for the monitoring, evaluating and assessing the quality of care. Care records failed to demonstrate and evidence the care people received. The provider was unable to demonstrate strategic oversight and governance.

Records and documentation had been archived which meant the provider was unable to demonstrate how they met the requirements of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Inadequate ●

Independence

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 registered providers were 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.

This inspection took place on 5 January 2017 and was unannounced. This meant the staff and registered provider did not know we would be visiting. The inspection was carried out by one inspector.

Before our inspection we reviewed the information we held about the home. We considered information we held about the service, which included safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spent time with people who lived at the service. We spent time in the lounge, and people's own rooms when we were invited to do so. We took time to observe how people and staff interacted. We spoke with the two people who lived at the service, the registered manager and director. We reviewed people's care plans and medicine administration record (MAR) sheets.

The last inspection was carried out in December 2013 and no concerns were identified.

Is the service safe?

Our findings

People told us they felt safe living at Independence. One person told us, "Yes, I feel very safe here. It's nice and I feel comfortable." Another person told us, "Oh yes, it is safe." However, despite the positive feedback we received, we identified areas of practice that need improvement.

The provider was unable to demonstrate how risks associated with the environment were managed and mitigated. The registered manager told us, "We complete weekly fire alarms and regular fire drills alongside checking the emergency lighting. However, we have archived all paperwork from last year and have not started the paperwork for 2017 yet." Up to date PAT certificate, gas safety certificate and legionella certificates had also been archived. We requested copies of the checks. Evidence of these checks and certificates had not been received at the time of writing this report.

Guidance produced by the Health and Safety Executive advises that hot water in care homes should not exceed the temperature of 44c. The registered manager explained that the water within the home was controlled not to exceed that temperature. We were informed that monthly hot water temperature checks took place. However, during the inspection, this documentation had also been archived and the provider was unable to demonstrate that people had not received care in water that exceeded 44c. Evidence of these checks had not been received at the time of writing this report.

In the event of Independence being unable to function, such as loss of power or electricity, a business continuity plan was not in place to provide guidance on what to do. In the event of evacuation, a place of safety had not been nominated and guidance was not available on the actions for staff to follow.

Failure to provide safe care and treatment and mitigate risks associated with hot water, fire safety and premises is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People's ability to evacuate the service in the event of a fire had not been individually assessed. The registered manager told us, "We complete the fire drills and the 'residents' know what to do in the event of a fire." However, the absence of personal evacuation plans meant the provider would be unable to provide information to the local fire brigade in the event of a fire and agency staff would be unaware of people's individual ability to safely evacuate. We have therefore identified this as an area of practice that needs improvement.

We recommend that the fire evacuation procedures were reviewed with the fire authority to ensure the evacuation procedure is fit for purpose and ensures the safety of all the people in Independence.

People had a variety of needs relating to their learning disability, mental health needs and physical health. These included needs relating to people's behaviours, epilepsy and nutrition. Staff recognised the need for people to receive structured support that met their needs for routine and predictability. Risks to people were being well managed. The potential risks to each person's health, safety and welfare had been identified and staff had put plans in place to ensure risks were minimised. Each risk assessment considered the description

of the risk, consequence of the risk and the control measures in place. Risk assessments covered areas such as bathing, financial and material abuse and challenging behaviour. For example, one person had been identified as exhibiting behaviours which challenged. The risk assessment identified that if the person felt bored, frustrated or angry these feelings could lead to verbal or physical aggression. Guidance was in place for staff to follow to mitigate the potential danger which included providing reassurance and respecting the person's space.

Systems were in place to reduce the risk of financial abuse. The registered manager and director supported people to manage their daily finances. Each person's financial transactions were recorded on an expenditure sheet. This recorded, the amount withdrawn and the current balance. Each person had a financial and material abuse risk assessment in place which considered the person understanding of money and their risk of exploitation.

Where one person had specific healthcare needs, such as epilepsy, there were detailed assessments and plans in place for staff to follow. Guidance included on when medical care should be sought. For example, the risk assessment for one person identified that 999 should be called if the person was still experiencing a seizure after four years. Documentation reflected that this person had not experienced a seizure in many years. The director told us, "Since moving in, they have never experienced a seizure, which we are proud of."

Systems were in place to manage, administer and dispose of medicines safely. Medicines were stored in line with legal requirements and each person required one to one support to manage their medicine regime. People told us they were happy with the support provided and received their medicines on time and as required. Information about possible side effects of all medicines were available in each person's care plan so staff could monitor people for these and seek medical advice if needed. People had regular medicine reviews with relevant professionals to promote good health.

People's medicines were in individual monitoring dosage packs. This allowed staff to administer medicines at specific times of the day, such as morning and teatime. One person's morning medicine for Friday 6 January 2017 (day after our inspection) had already been removed from the monitoring dosage pack. We brought this to the attention of the registered manager who explained, "I imagine it's been accidentally popped out." We queried where the missing tablet was, but the registered manager was unaware. This meant that staff would be unable to administer that medicine. An incident form had not been completed and no documentation had been completed to reflect error. The registered manager confirmed that medicine audits were not completed. Therefore, the provider and registered manager had no internal system to identify and address any shortfalls in the administration of medicines.

We recommend that the provider seeks guidance from a reputable source on the management and oversight of medicine near misses and errors.

Staffing levels consisted of the registered manager and the director. The director told us, "We stopped employing staff a couple of years ago. As we only have two 'residents', we operate on a one to two ratio." The registered manager told us, "In the event of one of us being unable to work, we use agency staff." Staff rota's had not been completed by the registered manager. They explained, "We decide between us, whose going to work and when." Observations demonstrated that there were sufficient numbers of staff available. The registered manager and director responded to people's needs and staffing levels allowed for one to one support.

Lone working risk assessments were not available. The registered manager and director provided all of the care hours. We queried what measures were in place in the event of them becoming unwell during the shift

or both of them being unable to work. We were informed that they always carried a phone and in the event of them being unable to work, they would use agency staff. However, the absence of a lone working risk assessment and policy, we unable to confirm these procedures were in place and had been followed.

Care and support was provided by the registered manager and the director. As no care staff had been employed in recent years, we unable to assess whether recruitment practice was safe. Old staff files had been archived and were unavailable to be viewed on the day of the inspection.

Is the service effective?

Our findings

People spoke highly of the registered manager and director. One person told us, "They are very nice." People appeared comfortable in the presence of them and spoke highly of the food provided. One person told us, "I like the food a lot." However, despite the positive feedback we received, we identified areas of practice that need improvement.

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 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager confirmed they had attended training on the MCA provided by the local authority but confirmed this was not recent. Training schedules were not available to demonstrate when the registered manager and director last had MCA training. Despite this, they understood the importance of consent and providing people with options and choices. However, the principles of MCA were not embedded into every day practice and the care planning process did not consistently reflect the principles of the MCA. For example, one person's care plan noted, 'I can write my own name and other key words but I can't read.' On the 8 January 2016, this person had signed a consent form confirming they had read their care plan and risk assessments, and had agreed with the content. This therefore contradicted what was written in their care plan.

A range of restrictive practice was in place throughout the home, such as the front door and kitchen being locked. Risk assessments noted that the kitchen was only locked when staff were not present in the kitchen. However, the risk assessment failed to give consideration to other options which would enable staff to leave the kitchen unlocked. A risk assessment was not in place to demonstrate why the front door was locked and what other options had been considered before deciding to keep the door locked. This also meant that the provider could not demonstrate whether people understood and consented to this restriction imposed on them. Although people had signed consent forms indicating their consent and that they had read and understood their risk assessments around the kitchen being locked. We queried whether this was correct. We brought these concerns to the attention of the registered manager who told us, "One person is living with short term memory loss and does not retain information; however, I feel the other person does understand and agrees to these restrictions to keep them safe."

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 application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Robust systems were not in place to identify when a person may be subject to an unlawful deprivation of liberty. In March 2014, changes were made to the Deprivation Liberty Safeguards and what may constitute a deprivation of liberty. These safeguards protect the rights of people by ensuring that any restrictions to their freedom and liberty have been authorised by the local authority, to protect the person from harm. The registered manager confirmed they had not received updated training on the new ruling and

subsequently had not identified that one person was potentially deprived of their liberty. The registered manager told us, "I believe they would be unable to make a capacitated decision about where to live and due to their short term memory, they are unable to retain information." Due to a lock on the front door, this prevented the person from being able to leave due to the small vicinity of the service, they would most likely know where the person would be at all times and would always provide support when the person went out and about. The registered manager confirmed they are most likely deprived of their liberty.

Failure to work within the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards Code of Practice is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Guidance produced by Skills for Care advises of the importance of a skilled and competent workforce. The registered manager told us that they attended training provided by the Local Authority which included safeguarding, MCA and DoLS. They also completed DVD training on subjects such as challenging behaviour, medication, health and safety and infection control. However, a training schedule had not been maintained to demonstrate when this training had been completed, when it had expired and was due for update. The registered manager acknowledged that it had been a while since they attended training provided by the local authority. Therefore, the provider was unable to demonstrate how they had the appropriate skills, knowledge and training to deliver care based on people's individual needs. We have identified this as an area of practice that needs improvement.

We recommend that the provider seeks guidance from a reputable source about the importance of a skilled, competent and trained workforce.

People's health needs were met. One person told us, "If I don't feel well, they look after me and get the doctor." People were supported to maintain good health and when required had access to a range of health services. Documentation confirmed people had regular health checks and support to see the chiropodist, dentist and other relevant health care professionals. Each person had a health care plan which provided detailed information on people's individual health care history and requirements. These were person-centred but had not been reviewed or updated in a couple of years. For example, one person's health action plan had been completed in 2011. Documentation reflected that could suffer occasionally with a mouth infection and their next check-up was in 2012. Their health action plan had not subsequently been updated after that check-up. The registered manager told us that these were updated when and as required. However, we saw this was not happening in practice.

We recommend that the provider reviews all health action plans to ensure they are up-to date and valid.

People received the support they needed to manage their nutritional intake. Staff worked in partnership with people to prepare meals and drinks. The director told us, "We want to enhance daily living skills and independence, so we encourage people to make their own drinks and snacks with our support and supervision." During the inspection, we observed one person make a hot drink for themselves and the other person independently. The director told us that they did this every day. Care plans considered each person's level of ability with cooking and meal preparation. For example, one person's care plan noted, 'I am able to make my own breakfast often being cereal, toast and coffee. I can make my own lunch, often choosing sandwiches.' People spoke highly of the food provided, one person told us, "The food is very nice. I like making cheese on toast and I like salads." On the day of the inspection, people enjoyed a bacon sandwich before going out for an afternoon walk.

Is the service caring?

Our findings

The atmosphere of the service was calm and relaxed. People were encouraged to treat the service as their own home. People spoke highly of the registered manager and director and confirmed that they treat them with dignity and respect. One person told us, "They are lovely."

People's bedrooms were spacious, in good decorative order and had been personalised. This helped to create a familiar, safe space for people. With pride, one person showed us their bedroom, pointing out items of importance, their favourite photographs and CDs. People spoke highly of their bedrooms and how they enjoyed buying things to make their bedroom more personalised.

It was clear the registered manager and director had built positive rapports with people. They could clearly describe people's likes, dislikes, personality and how best to support them. People were called by their preferred name and followed practice that was caring and supported the value of dignity. For example, the director told us, "One person likes to change their clothes throughout the day, so we are mindful that when we knock on their bedroom door to always wait for a response." Discreet assistance was offered to those who required support to meet their continence needs. People were supported to dress in accordance with their lifestyle preference. The director told us, "One person likes to go shopping for make-up and nail varnishes and we support them to buy clothes." This was reflected in their care plan and during the inspection we spent time with this person. They showed us their latest nail varnish colour and how they enjoyed applying make-up.

People were able to maintain relationships with those who mattered to them. Each person's care plan considered family members that were important to them and why. The registered manager told us, "Family are welcome to visit anytime." One person told us how they enjoyed writing to a family member.

The ethos of promoting independence and daily living skills was embedded into practice. The registered manager and director told us, "The purpose of Independence is to promote people's independence with daily living skills and we do this by involving people in the running of the home. They come shopping with us and we support them to manage their own finances. We work with them to tidy their bedroom and help with the laundry." We observed this in practice. On the day of the inspection, a food shopping order was delivered. One person actively supported with putting the shopping away. After lunch, people were encouraged to take their plates to the kitchen and prepare their dessert.

People's privacy and dignity was respected. One person told us, "They always knock before coming into my bedroom." Observations of how the registered manager and director interacted with people demonstrated the values of privacy and dignity were upheld. People were involved in decisions about their care and were offered choices in all aspects of their daily life. They were able to say how they wanted to spend their day and what care and support they needed. Picture cards were utilised by the registered manager and director to empower people to make their own choices and decisions on what they wished to do each day.

People's equality and diversity needs were respected and staff were aware of what was important to people.

Care plans had identified the need for alone time and this was respected by the registered manager and director. Systems were in place to recognise and uphold people's religious and spiritual needs. Care plans considered each person's religious and/or spiritual belief and what support was required to maintain that belief. Care plans were stored securely in the registered manager's office.

Is the service responsive?

Our findings

People spoke highly of the activities provided. One person told us, "We go out a lot and I like going to charity shops." The director told us, "We are out more often than we are in." However, despite the positive feedback we received, we identified areas of practice that need improvement.

Each person had a care plan which was personalised and reflected in detail their personal choices and preferences regarding how they wished to live their daily lives. Care plans were in picture format and written from the perspective of the person. Each care plan considered the things the person could do and areas of care and support they required support with. Areas of support ranged from; personal care, budgeting, eating and drinking, keeping my room tidy, maintaining my mobility, behaviour, personal safety and continence. One person's care plan identified that they needed prompting to clear up their plate after meal times, however, they could occasionally clear away everything on the table before other people had finished their meal. The care plan identified that support was required to promote their independence with clearing their plates away but to also understand when not to clear other people's plates away.

Care plans were reviewed six monthly which consisted of the care plan being dated and signed indicating a review had taken place. The review process failed to consider and reflect whether the care plan/risk assessment remained effective, what was working well and what wasn't working well. We have identified this as an area of practice that needs improvement.

We recommend that the provider seeks guidance on the review of care plans.

People's life history had been obtained and helped the registered manager and director deliver personalised care. Each care plan considered and contained information about the person's early years, their family life and their daily life. Information was readily available on people's hobbies, interests and passions. One person told us how they enjoyed watching films. Another person told us how they enjoyed word searches and reading magazines.

Individual weekly activity planners were in place that were personalised to people. For example, one person went to a local day centre while another person enjoyed going into the local town with the director for some shopping. People told us they enjoyed the range of activities provided. One person commented, "We go shopping, to the library, out to cafes and we go to the harbour." The director told us, "We are always out and about." At Christmas, the registered manager and director organised for the two people to go on holiday to Butlin's which people told us they enjoyed. Although, the registered manager, director and people told us support was in place for them to access meaningful activities, documentation had not been maintained to reflect this. We asked to see the daily records for each person. The registered manager told us, "The daily records from last year have been archived and we have not yet completed daily records for 2017." We requested to see copies of these daily notes from archive. These had not been provided at the time of writing this report. The provider and registered manager was therefore unable to demonstrate that care and support had been delivered in line with the assessed care plan and documented weekly activity timetable. We have identified this as an area of practice that needs improvement.

We recommend that the provider seeks guidance on the importance of robust record keeping.

People told us they felt comfortable and able to raise any concerns with the registered manager or director. One person told us, "I know I can talk to (director) any time." A complaints policy was displayed in the entrance hallway of the home. This included information on the steps to take in the event of making a formal complaint, however, failed to include information on the steps to take if the person was unsatisfied with the outcome of the complaint. For example, information on the Local Ombudsman had not been included. The registered manager told us, "We have not received any complaints in years. Our complaints log has been archived." This meant we were unable to review whether previous complaints had been responded to appropriately, within timeframes and what learning had been derived from complaints.

We recommend that the provider reviews their internal complaints procedure.

Is the service well-led?

Our findings

People told us they were happy living at Independence. One person told us, "I like it here. I like my bedroom and we go out which I enjoy." Another person told us, "It's nice and I'm happy."

Whilst all feedback about the management was very positive we found the leadership of the service was not effective and the service was not well-led. Robust systems to monitor the safety and quality of the service were not in place. Governance systems to identify shortfalls were ineffective and complete, detailed and contemporaneous records were not consistently in place.

On the day of the inspection, we were informed by the registered manager and director that they were in the process of closing Independence. The registered manager told us, "We aim to be closed by the middle of February or beginning of March 2017." Although the service told us of their intention to close, the Care Quality Commission (CQC) had not yet received an application to deregister. The absence of an application to deregister meant that Independence was still an operating care home that was governed and regulated by the Health and Social Care Act 2008 (Regulated Activities) 2014. During the inspection, the registered manager explained that all documentation and paperwork from 2016 had been archived. The only available paperwork to view was people's care plans and risk assessments. We asked for copies of archived paperwork to be sent over. This paperwork had not been received at the time of writing this report. The provider was therefore unable to demonstrate how they were meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The absence of a formal quality assurance framework meant the registered manager and provider had failed to identify that accurate and contemporaneous records had not been maintained. For example, daily notes had not been maintained. Temperature recordings for the medicines cabinet had not been maintained alongside weekly fire alarm checks.

Systems were not in place to monitor or analyse the quality of the service provided. The provider was not completing internal quality assurance checks to assure themselves that they were meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) 2014. Health and safety checks were being undertaken but we were unable to locate any completed audits which related to the quality of the service delivered. Audits help drive improvement and promote better outcomes for people who live at the home. The registered manager told us, "We complete two monthly health and safety checks which consider the premises, environment and any health and safety risks. However we don't complete internal audits." Infection control audits had not been undertaken to promote continuous improvements in cleanliness and levels of hygiene. For example, the absence of an infection control audit meant the registered manager and director had failed to identify layers of dust in people's bedrooms.

Health and safety checks had been archived and had not been provided at the time of writing this report. Therefore we were unable to assess whether these had been effective in identifying shortfalls and promoting continuous improvement.

The registered manager advised that a range of policies and procedures were in place, however these had also been archived. These had also not been provided at the time of writing this report. Therefore we were unable to assess whether the service was governed by policies and procedures that had been reviewed and updated to reflect current legislation and policy.

Systems were not robustly in place to gain feedback from people to help drive improvement. The registered manager told us, "We have resident meetings every four months; however last years have been archived." Minutes of meetings were not provided at the time of writing this report. Satisfaction surveys were not in place as a forum to gain feedback from people. Although the registered manager and director told us that they continually sought feedback from people and their relatives, this was not documented. The provider was therefore unable to demonstrate how they actively encouraged and sought feedback about the quality of care.

Incident and accident documentation was not available for us to review. The registered manager told us, "We have documentation in place, but this has been archived. However, we haven't had any incidents or accidents in many years." This information was requested but not provided at the time of writing this report.

Upon arrival to Independence, we noticed that a number of signs and posters made reference to the service's previous name. The service was previously called Elizabeth Lodge but re-named in 2014 when they called themselves Independence. However, a number of signs and posters made reference to Elizabeth Lodge. For example, Elizabeth Lodge fire procedure and what you can expect from Elizabeth Lodge. For people, relatives and visitors this could be confusing, the name of the service and paperwork not matching. The absence of a formal quality assurance framework meant the provider had not identified this shortfall.

The above examples demonstrate that comprehensive audits were not in place to ensure service quality improvements in all areas. Systems were not place to identify where quality or safety of care was being compromised and how the provider responded without delay. Accurate and contemporaneous records were not in place and the provider failed to encourage and seek feedback to drive improvement. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Care and treatment of service users was not provided with the consent of the relevant person. Regulation 11 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure that the premises used by the service provider was safe for their intended purpose and was used in a safe way. Regulation 12 (2) (d)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured that there were effective systems to assess and quality assure the service. Regulation (17) (1) (2) (a) The provider had failed to maintain accurate, complete and contemporaneous record in respect of each service user. Regulation 17 (2) (c)