

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Tripletrees

70 Ferndale Road, Burgess Hill, RH15 0HD

Tel: 01444243054

Date of Inspection: 20 May 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safety, availability and suitability of equipment</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Follett Care Limited
Registered Manager	Mrs Mary Follett
Overview of the service	Tripletrees is a care home that provides care for up to 28 older people, some of who have dementia. The service provides long term placements as well as short term care.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 May 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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One inspector carried out this inspection. The focus of the inspection was to check if the provider had taken sufficient steps to meet the compliance action set when we visited the home on the 14 October 2013. On the day of our inspection there were 22 people living at the home. We spoke with people during the day but what they told us did not always relate to the essential standards we were assessing. People used a mixture of verbal and non-verbal communication to give us their views of living at the home.

We considered all the evidence we had gathered under the outcomes we inspected. We used the information to answer the five questions we always ask:

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well led?

This is a summary of what we found-

Is the service safe?

We found people experience care and support that was planned and delivered in a way that was intended to ensure their safety and welfare. There were enough staff on duty to meet the needs of the people living at the home. People were protected from unsafe or unsuitable equipment because the provider had systems in place that ensured all equipment was properly used, maintained, tested, serviced and replaced. Staff personnel records contained all the information required by the Health and Social Care Act. CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. While no applications had needed to be submitted, proper policies and procedures were in place. Relevant staff had been trained to understand when an application should be made, and how to submit one.

Is the service effective?

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. People we spoke with told us staff knew what they were doing when they supported them every day. Observations we made on the day of our inspection showed staff were experienced and clearly had the skills they needed when working with the people living at the home. Staff demonstrated an understanding and showed consideration when providing care to people with dementia.

Is the service caring?

During our visit all interactions we saw between the staff and the people who lived at the home were respectful. People who lived at the home received care and support in a calm and relaxed manner. We observed that staff were able to spend time and interact with people in a positive way. Encouragement was given where needed in a manner which enabled people to maintain their dignity and independence. People's care plans were clearly written, individual and person centred. The care plans contained information regarding people's likes and dislikes in relation to food and daily routines. People told us they liked the staff.

Is the service responsive?

We saw that people were asked their opinion during the day where a choice was available. There was a system in place to monitor how many accidents or incidents had taken place over a given period. We saw that they had been analysed to make sure that the staff learned from such events. We saw that the quality of service that people received had been assessed and monitored against the requirements of the essential standards. We saw evidence that the information from these audits was used to improve the quality of the service. The service was reviewing the shift times to see if they could better accommodate people's bedtime preferences.

Is the service well-led?

We met with the home's owner / manager and the new deputy manager. The manager told us that she was planning to "Step down as the registered manager" and that "The deputy manager is responsible for the day to day running of the home. She will apply to be the manager within the next month". The deputy manager told us that she was "Committed to improving the standards at the home". Staff we spoke with were clear about their roles and responsibilities. All said they received the advice and support they needed from the management and colleagues.

You can see our judgements on the front page of this report.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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During our visit all interactions we saw between the staff and the people who lived at the home were respectful. Support was offered and provided in a way that ensured people's rights to privacy and dignity. People were spoken with in a sensitive, respectful and professional manner. We saw that personal care was carried out in private and staff always knocked and awaited permission before entering people's private rooms. In our observations of interactions between staff and people who lived at the home, we saw people were respected.

Care plans had been developed for each of the people who lived at the home. We saw that the deputy manager was in the process of rewriting all the care plans to make them more person centred and detailed. During our visit we looked at the care plans for four people who used the service. Staff told us that the care plans had been discussed with the people who used the service, or their relatives, as appropriate. The care plans contained information regarding people's likes and dislikes in relation to food and daily routines. For example, we saw that staff had recorded people's preferred bedtimes and whether people liked to have an evening drink. We saw that relatives had helped to complete the social history and personal preferences. This meant that care and support were provided as people wanted. We saw staff took their lead from the people at the home which made it possible for them to make choices. People expressed their views and were encouraged to make decisions. We saw that people were encouraged to express their views by talking directly to the staff. We observed people being asked what they wanted to do.

Staff we spoke with demonstrated a good understanding of people's rights to make their own decisions. They gave examples of how they supported people to remain as independent as possible and were clear on the importance of doing things the way people wanted things done. For example we were told that people were encouraged to make choices regarding the clothes they wore. We saw that people were able to move freely about the home.

We saw that people chose where they sat to eat their lunch. Several people chose to eat in the lounge. People were free to change their mind during the meal and staff were readily available to assist people to carry their food if they changed seats. People told us "It's my choice where I sit" and "If I don't like the food, I can have something else". This demonstrated that the people who used the service were able to make choices. People were supported in promoting their independence.

We were told that people were given choices in line with their capacity to make decisions. For example people were asked if they wanted a drink and if they needed any assistance. This meant that people expressed their views and were involved in making decisions about their care and treatment. People told us "They always ask me what I want to do".

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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During our visit we observed the interactions between people in the lounge and staff, this included observation of some of the lunch routine. We saw that people who lived at the home received care and support in a calm and relaxed manner. We observed that staff were able to spend time and interact with people in a positive way.

Care plans had been developed for each of the people who lived at the home. We saw that the deputy manager was in the process of rewriting all the care plans to make them more person centred and detailed. During our visit we looked at four care plans of the people who used the service. The care plans we looked at were well written, detailed and person centred. They contained a personal and social history for the people who lived at the home. We saw that the care plans were based on comprehensive needs assessments. People's care and support needs were documented and the care plans gave clear and specific guidelines to the staff who delivered the care. We saw that the service had obtained detail of the care needed, together with instructions for staff on how the care should be provided. These records were up to date and contained evidence of review. This meant that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Records showed that people were supported by a range of health care professionals including GPs and District Nurses. A visiting GP told us that were happy with the service.

Risk assessments were included in the care plans. Risk assessments included: risk of skin breakdown, nutrition screening, mobility assessments and risk of falls. Any risks identified during the assessment had been addressed and detailed in the care plan. For example risk assessments were in place to identify the risks of falls. This gave guidance for staff to follow in order to manage people's needs. We saw that these risk assessments were updated following any incidents. Care and treatment was planned and delivered in a way that ensured people's safety and welfare. People told us that they felt safe at the home, "The building is nice and secure" and "They check who people are before letting them in".

Daily notes were recorded about the people who lived at the home. The records seen gave a clear picture of the care people had received and showed that people's care was

delivered in line with their care plans.

Staff we spoke with were aware of the individual needs of each person who lived at the home. Staff could describe people's care, likes and dislikes and how individuals liked things done. People who used the service told us they liked the staff. Comments regarding the staff included, "[Staff] is a lovely one" and "They really gel, a complete team".

**People should be safe from harm from unsafe or unsuitable equipment**

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**Our judgement**

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The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

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**Reasons for our judgement**

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People were protected from unsafe or unsuitable equipment because the provider had systems in place that ensured all equipment was properly used, maintained, tested, serviced and replaced. We saw from the records that the portable hoists had service contracts with the last service in May 2014. We saw that the deputy manager was qualified to provide training in moving and handling. We saw that staff had received this training. Staff we spoke with confirmed that the training included the use of equipment, specifically portable hoists and standing aids.

We saw that the lift had a service contract and was last serviced in April 2014. We were told that all electrical equipment and appliances had been safety tested. We saw that the fire alarms had been tested in May 2014.

We saw that the service employed a person responsible for general maintenance. The service maintained a log of any issues identified. We saw records of any actions taken in order to resolve any identified issues.

Specialised equipment in use was specifically ordered for individuals following assessment by relevant health care professionals. For example, assessment by a district nurse had led to a pressure relieving mattress and cushion being obtained for one person.

Staff we spoke with told us they had the equipment they needed to do their work. They felt there was enough equipment to promote the independence and comfort of people who used the service. They confirmed they could obtain specialised equipment for people living at the home when needed.

Staff told us that the wheelchairs were cleaned regularly by the night staff. We observed equipment used to support people was clean and in working order. This demonstrated the service protected people from unsafe equipment by ensuring equipment was properly maintained and suitable for its purpose.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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When we inspected the home on the 15 October 2013 a compliance action was set as appropriate recruitment checks were not undertaken. During our visit we found that action had been taken and the compliance action had been met.

We met with the home's owner / manager and the new deputy manager. We were told that there had been some changes to the staff group and new staff had been recruited.

We looked at the staff recruitment files for four of the staff employed by the service. We saw that the staff files had been audited to ensure that all documentation was complete. The files seen contained written references, proof of identity and a fully employment history. We saw evidence that the provider applied for criminal records checks with the Disclosure and Barring Service (DBS) for each staff member they employed.

We found that appropriate checks were undertaken before staff began work. This meant that people received support from staff whose conduct and experience was adequately checked.

## Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

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We looked at staffing rotas which showed that there was an appropriate level of staffing in place. At the time of our visit the home had 22 residents. The home maintained staffing numbers of five care workers in the morning and four in the afternoon. At night they had two care workers. There were enough qualified, skilled and experienced staff to meet people's needs. People told us "If I need a hand they [staff] are always about" and the staff are "A nice bunch".

We saw there were ancillary staff employed to undertake housekeeping, activities and catering tasks. People told us that "They [staff] do bits and pieces with us in groups, making things, arts and crafts". This enabled the care staff to concentrate on providing care and support to the people living at the home. We saw that this was sufficient to meet the needs of the people who lived at the home.

During our visit we observed the routines in the home. We saw that people who lived at the home received care and support in a calm and relaxed manner. We spoke with the staff on duty. They felt there were enough staff on duty to be able to give the care people needed to a good standard.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor all aspects of the quality of service that people receive.

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### Reasons for our judgement

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During our visit we met with the home's owner / manager and the new deputy manager. The manager told us that she was planning to "Step down as the registered manager" and that "The deputy manager is responsible for the day to day running of the home. She will apply to be the manager within the next month".

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. Since the appointment of the deputy manager there had been regular staff meetings. This was confirmed by the staff we spoke with. We saw that people were asked their opinion during the day where a choice was available. We were told that changes were made to people's care in response to external professional advice. For example one person had a specialised bed following an assessment by a district nurse.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others. We looked at accident and incident records and saw that there was a system in place to analyse the accidents and incidents. Measures had been put in place to reduce the risk of any recurrence.

There had been no complaints to the service from people living at the home or their families since our last inspection. The provider had a complaints procedure in place that was available to all people and their representatives. Staff we spoke with were aware of the actions they should take in the event of a complaint being raised with them.

The deputy manager had assessed and monitored the quality of service that people received against the requirements of the essential standards. This included auditing the routines within the home, care plans, staff training and recruitment. We saw evidence that the information from these audits was used to improve the quality of the service. For example there was a new style of care plan, which was individual and person centred. Staff had had their care delivery observed and had formal supervision scheduled. The provider had a system for ensuring training was up to date. We saw that there was a

schedule of ongoing training. The deputy manager was reviewing the shift times to see if they could better accommodate people's bedtime preferences. The deputy manager's assessment of the outcomes we assessed during this inspection matched our findings of compliance.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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