Inspection Report

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: 29 January 2013

Date of Publication: April 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Records	✗ Action needed

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 whom may have dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Management of medicines	8
Staffing	9
Records	10
Information primarily for the provider:	
Action we have told the provider to take	11
About CQC Inspections	12
How we define our judgements	13
Glossary of terms we use in this report	15
Contact us	17

Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We reviewed all the information we have gathered about Tripletrees, looked at the personal care or treatment records of people who use the service, carried out a visit on 29 January 2013 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

As part of our inspection we spoke with nine of the people who used the service. People who used the service and relatives we spoke with told us that they had confidence in the staff. They told us that they felt safe and that they would tell a member of staff if they had any concerns. We saw that appropriate arrangements were in place to manage medicines.

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 that people's rights to privacy and dignity were respected. People were spoken with in a sensitive, respectful and professional manner.

We found that the homes policies and procedures were not up to date and contained reference to old legislation.

All the feedback that we received from the people who lived at the home was positive. People told us that they liked the home. One of the people who used the service commented that they were lucky to be there.

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

What we have told the provider to do

We have asked the provider to send us a report by 15 May 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our

decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website 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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. During our visit we saw the staff took their lead from the people at the home, making it possible for them to make choices. One of the people who used the service was overheard to call out to a member of staff and ask for a cup of tea. The staff member promptly acknowledged the request and offered a cup of tea to all of the people in the room. We were told that people were able to express their views and make suggestions by talking to the staff. People all felt the service was open to any suggestions and that the staff were very good.

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 that people's rights to privacy and dignity were respected. People were spoken with in a sensitive, respectful and professional manner. We saw that personal care was carried out behind closed doors and staff always knocked and awaited permission before entering people's private rooms.

Care plans had been developed for each of the people who lived at the home. During our visit we looked at the care plans for five people who used the service. Their level of involvement in the care plan was not routinely documented, although staff told us that the care plans had been discussed the people who used the service.

The care plans provided information to staff on how people preferred things to be done. They contained information regarding people's likes and dislikes in relation to food and daily routine. People who used the service were given appropriate information and support regarding their care or treatment. Information regarding personal preferences of the people who used the service was readily available to staff. We saw information boards in the bedrooms which detailed peoples preferred names, their usual choice of drink and their preferred bedtime. One of the people who used the service told us that they "Get up at a time that suits me" another said that they "Decide what they do". This demonstrated that the people who used the service were able to make choices.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The people who used the service told us their needs were met and their care was delivered in the way they preferred. We saw that a member of staff had visited people prior to their admission to find out what care they needed and how they wanted things done. Comments from the people who used the service included "I am lucky to be here".

We looked at the care plans for five of the people who lived at the home. They were clearly written. We saw they were based on assessments and included any equality and diversity needs or preferences the person had. For example one persons night time care plan stated that they liked an evening drink. We saw staff assessed and documented current levels of independence. The care plans contained personal and social information for the people who lived at the home. Staff explained that the information was initially gathered prior to admission and had been reviewed and amended using their observation and knowledge of the people who lived at the home.

The care plans showed people's needs and any risks to their welfare and safety were assessed. Risk and other assessments were included in the care plans. Risk assessments included: nutritional screening and risk of falls. Any risks identified were seen to then be addressed, with staff actions that minimised the identified risks included in the person's care plan. Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

Daily notes were recorded about the people who lived at the home. The records seen gave a clear picture of how they had spent their day and the care they had received. The daily notes showed that peoples care was delivered in line with their care plans. We saw care plans and risk assessments were routinely reviewed on a monthly basis and any changes were documented. Changes or newly identified needs were added to care plans and any actions taken in response were clearly recorded. Where changes were identified, appropriate actions were taken, for example, referral to an external health professional.

Staff appeared confident in their roles; staff members we spoke with confirmed this. Staff were able to tell us what care and support people living at the home needed and staff had a good knowledge and understanding of the way people liked things done. Comments from the people who used the service included "They can't do enough for me".

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were handled appropriately. We saw that there was a lockable cupboard in the home to store medicines securely. This meant that medicines were kept safely at the home.

The home's written medication policy was dated 2002 and had not been reviewed. The written policy did not reflect the practice in the home, specifically the system for ordering repeat prescriptions. We spoke to the staff with responsibility for this task who was very clear regarding the changes to the ordering process. Medicines were ordered in a timely manner for continuity of treatment. All records of orders and receipts of medicines were available, samples of which were seen. This meant that it would be possible to audit all medicines which came into, were stored at or left the home.

We found that that the home kept records about the medicines they administered. The records showed that medicines were given as prescribed and people had received the medicines that their doctor intended.

We saw the training records of some of the staff responsible for the administration of medication. Staff spoken with said that they had received training in the administration of medication, but had not had their practice observed. Observation of practice would ensure that staff put into practice the training they had received. During our visit the service contacted their pharmacist and arranged for them to visit the home to observe their administration practices.

Staffing ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. During our visit we observed the routine in the home. We observed call bells were being answered promptly. 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 with and interacted with people in a positive manner.

We saw and staff confirmed that there were sufficient staff in place to be able to give the care and support that people needed, to a good standard. All staff we spoke to had relevant experience and demonstrated confidence in their role. There was a good awareness of the needs of the people who lived there. Comments from the people who used the service included "They know me well, we all get on".

We looked at staffing rotas which evidenced that there was an appropriate level of core staffing in place. This was sufficient to meet the needs of the 22 people who lived at the home. The day shifts were covered by four or five members of care staff, with two at night. We were told that staff team were able to cover any staff holidays. We saw there were ancillary staff employed to undertake housekeeping and catering tasks. This enabled the care staff to concentrate on providing care and support to the people living at the home. Comments from the people who used the service included "They do a good job", "They do a good job" and "Nothing is too much trouble".

Records ✖ Action needed

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose. We looked at the care plans five of the people who used the service. We saw they were accurate, up to date and gave clear instructions for staff to follow in order to provide care for people in the way they wanted.

We looked at staff records and other records relevant to the management of the home. Records seen included policies and procedures, duty rotas and training records. Policies and procedures seen included, but were not limited to those regarding complaints, whistleblowing, medication, staff supervision, record keeping, admission and discharge.

We saw that records were kept in the office, but were not located promptly when requested. Staff spoken with were not clear about whether certain written policies existed. For example we were told by one of the staff members responsible for carrying out pre-admission assessments that the home did not have a pre-admission policy, but one was located within the policy and procedure manual.

We saw that the policy and procedure manual was written in 2002 and had not been reviewed since that date. The policies and procedures made reference to old legislation and were not up to date. This meant that staff did not have clear written guidance to ensure that the service was delivered and managed appropriately and consistently.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010** **Records**
	How the regulation was not being met: The provider had not maintained appropriate records in relation to the management of the regulated activity. Regulation 20 (1)(b)(ii)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 15 May 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.