

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

Tripletrees

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Date of Inspection: 15 October 2013

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Requirements relating to workers	✗	Action needed
Supporting workers	✓	Met this standard
Records	✓	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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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Tripletrees had taken action to meet the following essential standards:

- Consent to care and treatment
- Care and welfare of people who use services
- Requirements relating to workers
- Supporting workers
- Records

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 15 October 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

As part of our inspection we spoke with six of the people who used the service. They told us that they felt safe and had confidence in the staff. People were asked for their permission before assistance was given. People told us that staff asked them if they wanted help with their care before giving any assistance.

All interactions we saw between the staff and the people who lived at the home were respectful. People were spoken with in a sensitive, respectful and professional manner. All feedback that we received from the people who used the service was positive. People told us that they were happy living at the home and that they liked it. Comments regarding the staff included "They are lovely", "Kind" and "They know what they are doing".

We found that the provider did not have effective recruitment procedures to ensure that staff were of good character and had the qualifications, skills and experience necessary for the work to be performed.

Staff we spoke with felt they were provided with training that enabled them to do their job safely and efficiently. Comments from staff included, "There is a lot more training than before" and "The training is a lot better".

During our visit we looked at staff records and other records relevant to the management of the home. The records were held securely and could be located promptly when needed.

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 24 January 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

We have referred our findings to UK Border Agency and Local Authority: Safeguarding. We will check to make sure that action is taken to meet the essential standards.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care they were asked for their consent and the staff acted in accordance with their wishes.

Reasons for our judgement

At our last inspection on the 12 June 2013 we were concerned arrangements were not in place for obtaining, and acting in accordance with, the consent of people in relation to the care and treatment provided for them.

At this inspection we saw that the provider was in the process of implementing a system that evidenced that people who used the service were included in decisions about their care and welfare. We saw a consent form that people would sign to say that they had been involved or consulted in the drawing up of their individual plan of care. Staff told us that these consent forms had not yet been completed, but they had begun to discuss them with the people who used the service. Staff were able to show us written notes to confirm this.

We observed informal consent being sought on numerous occasions from people who used the service. For example, we saw staff asked people for their permission before helping them with their breakfast or assisting them to move around the home. People told us that staff confirmed with them that they wanted help with their care before giving any assistance. The staff we spoke with were clear about the importance of giving people all the time and information necessary to make their own decisions. We saw that the staff took time to explain what was happening. People commented "If I want something I just ask" and "I get to decide".

We were told that although staff had not undertaken specific training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), this had been discussed as part of the recent safeguarding vulnerable adults training. Staff demonstrated a good understanding of people's rights to make their own decisions. This meant that before people received any care or treatment they were asked for their consent and staff acted in accordance with their wishes.

Staff we spoke with gave examples of how they sought consent from people who lived at the home. Examples included knocking on people's rooms and waiting for permission to

enter and seeking people's permission before giving them care. This was observed throughout our visit.

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

During our visit we observed the activity in the lounge and dining room which included some of the breakfast routine. We saw that people who lived at the home received care and support in a calm and relaxed manner. We observed that staff spent time with and interacted with people in a positive manner.

We looked at the care plans for five of the people who used the service. They were clearly written and person centred. They contained a personal and social history for each person. We saw that the care plans were based on need assessments. People's care and support needs were documented and the care plans gave 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 were reviewed regularly. 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 GP's, dentists, opticians, district nurses and chiropodists. Daily notes were recorded about the people who used the service. 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. For example one persons care plan stated that went to bed at 9.30, this was confirmed by the persons daily notes.

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 potential risks of people who had diabetes. This gave guidance for staff to follow in order to manage people's diabetic needs. This demonstrated that care and treatment was planned and delivered in a way that ensured people's safety and welfare.

Staff we spoke with were aware of the individual needs of each person whoused the service. Staff were able to 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 included "They are lovely" and "She's kind".

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

Our judgement

The provider was not meeting this standard.

People were not cared for, or supported by, suitably qualified, skilled and experienced staff.

We have judged that this has a moderate 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

Prior to our visit we received information of concern from the UK Border Agency regarding the provider's employment procedures. During our visit we looked at the staff recruitment files of all 12 members of care staff employed at the service. We found that appropriate checks were not undertaken before staff began work. This meant that people received support from staff whose conduct and experience was not adequately checked.

The provider had obtained checks with the Disclosure and Barring Service (DBS) for each staff member.

We found that appropriate checks were not always undertaken before staff began work. We saw that there was some missing or incomplete documentation in the personnel files. One staff file did not contain any information relating to their employment.

Under Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 providers must obtain satisfactory evidence of conduct and the reasons why staff had left previous employment if they had worked with vulnerable adults before. None of the 12 staff files we looked at had any reason recorded why staff had left their previous jobs. It was not possible to ascertain if the staff had previously worked with vulnerable adults or whether the written references related to previous employment as only one file contained a full employment history. This meant that people were at risk of receiving support from staff whose conduct and experience were not adequately checked.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

At our last inspection on the 12 June 2013 we were concerned that staff had not received appropriate training which reflected their job role and the needs of a people who used the service. At this inspection staff told us that their training had increased.

Staff we spoke with felt they were provided with training that enabled them to do their job safely and efficiently. Comments from staff included, "There is a lot more training than before" and "The training is a lot better".

The staff training records showed that most of the staff had received training relevant to their roles. This included moving and handling, safeguarding vulnerable adults, fire safety, pressure sores, diabetes, first aid, food safety and nutrition. This meant that staff were supported to deliver care and treatment safely and to an appropriate standard.

People we spoke with told us that the staff were good and "Knew what they were doing".

Records

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

At our last inspection on the 12 June 2013 we were concerned that people's personal records including medical records were not always accurate. At this inspection staff told us that the system of care planning had been reviewed and that all people's care plans had been reviewed and updated.

We looked at the care plans for five of the people who used the service. We saw that they were accurate, up to date and gave clear instructions to staff to follow in order that care was provided consistently. This meant that staff were aware of people's needs and planned care accordingly.

During our visit we looked at staff records and other records relevant to the management of the home. The homes policies and procedures were up to date and well maintained. The records were held securely and could be located promptly when needed.

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 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers
	How the regulation was not being met: The provider had not operated effective recruitment procedures to ensure that people employed to provide personal care were of good character and had the qualifications, skills and experience necessary for the work to be performed. Not all the information specified in Schedule 3 was available in respect of people employed to provide personal care. Regulation 21 (a)(i)(ii)(b) Schedule 3(3)(4)(6)

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 24 January 2014.

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 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.

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.

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