

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

## Lyncroft Care Home

81 Clarkson Avenue, Wisbech, PE13 2EA

Tel: 01945475229

Date of Inspection: 19 August 2013

Date of Publication:  
September 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

**Requirements relating to workers**

✓ Met this standard

## Details about this location

Registered Provider	A & N Kachra
Registered Manager	Ms. Brenda Durrington
Overview of the service	Lyncroft Care Home is a care home providing accommodation and personal care for up to 39 older people living some of whom live with dementia. The service is in a residential area in Wisbech.
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

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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 19 August 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We completed this follow up inspection to check that the provider had acted on improvements that we said needed to be made at our inspection of 21 May 2013. We found that people who used the service needed to be offered more opportunities to participate in social activities. Also, we said that that the recruitment and selection procedure for staff needed to be strengthened. After this inspection the provider wrote to us and said that it had completed all of the necessary improvements.

At our inspection of 19 August 2013, people who used the service said that they were receiving all of the care they needed. They told us that the service was providing them with the opportunity to take part in an increased calendar of social activities. Also, they said that staff were kind, caring and trustworthy. A person said, "All of the staff are kind and caring which is the most important thing of all."

At our inspection of 19 August 2013 we found that people were being offered the chance to participate in an extended range of social activities. Also, we saw that the recruitment and selection procedure had been strengthened and was robust. These improvements promoted people's wellbeing. This was because people were better supported to pursue their own social interests. Also, it was because more assurance could be given that only trustworthy staff were employed in the service who could effectively safeguard people from abuse.

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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Our inspection of 21 May 2013 we found that the dignity and independence of people who used the service was not fully respected. This was because they were not always provided with the opportunity to engage in social activities that were likely to engage their interests.

After the inspection the provider wrote to us saying what improvements it had introduced to address this problem. It said that people who used the service had been consulted about the additional social activities they would like to undertake. We were told that as a result of this consultation exercise more frequent and a wider range of activities were being provided. The provider said that people had given positive feedback about the new calendar of social events.

Our inspection of 19 August 2013 found that the calendar of social activities had been extended and regularly provided people with a number of opportunities. These things included card and board games, music and movement, beauty care, foot massage and internet access. We saw that there was a notice that described what activities were due to take place and that two staff had been assigned to coordinate the events. Records showed and people confirmed that social activities were being delivered in accordance with the planned list shown in the notice. A person said, "There's something going on most days here now, more than there was before. Even if I don't take part I like to watch."

## 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 who used the service were cared for by suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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Our inspection of 21 May 2013 found that people who used the service were not always cared for by suitably qualified, skilled and experienced staff. This was because the recruitment and selection procedure was not robust in that a limited number of security checks on two staff had not been completed.

After the inspection the provider wrote to us saying what improvements it had introduced to address this problem. It said that the specific checks we noted to be missing for particular staff had been completed. It also informed us that the recruitment and selection procedure had been strengthened to ensure that all future appointments would be supported by the necessary security checks.

Our inspection of 19 August 2013 found that people who used the service were cared for by suitably qualified, skilled and experienced staff. Records showed that a full set of security checks had been completed for the two staff in question. Documents confirmed that changes had been made to the recruitment and selection procedure. These were designed to ensure that all of the necessary security checks would be completed before new staff were appointed in the future. A person said, "I get on very well with the staff who are genuinely kind and helpful. I don't have any trouble with any of them because I can and do trust them."

## 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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