

GCCH Capital LLP

Globe Court Care Home

Inspection report

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Date of inspection visit:
01 November 2023

Date of publication:
20 November 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Globe Court care home is a residential care home providing accommodation and personal care for up to 41 people. The service provides support to people living with dementia, physical disabilities, older people and younger adults. People are supported in one adapted building situated over 3 floors. At the time of our inspection there were 40 people using the service.

People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported by staff to take part in activities tailored to meet their interests. People benefited from an interactive and stimulating environment.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity, and they understood and responded to their individual needs. Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care.

Right Culture

Staff knew and understood people well and were responsive, supporting people to live a quality of life of their choosing wherever possible. Staff were trained and had the experience to deliver good quality care and support to people to meet their needs and wishes.

People said that they felt safe at the home. A relative said, "[Family member] is safe. The place is secure and there are enough staff, they are attentive, and they have a lovely relationship with [family member]"

The provider had a wide range of quality audits and checks in place to monitor and keep people safe in the home. The home was clean, bright and welcoming. There were enough care workers available to support people with their care needs throughout the day.

People told us they thought that the home was caring. We received comments like, "The [care workers] are

all kind. They do find time to talk to me now and again, but they are very busy", and "The [care workers] are kind and respectful and I can have a laugh with them."

We saw that care plans and accompanying risk assessments were detailed. They contained information about people's care and social goals and ambitions as well as their care needs.

People told us they thought the home was well led. We received comments like, "[Registered manager] is helpful, if I need anything it will get sorted", and "[Registered manager] is friendly. [Registered manager] gets about the place and is very approachable."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection.

The last rating for this service was good (published 23 March 2023).

Why we inspected

The inspection was prompted in part due to concerns received about the poor recording of falls and of incidents being minimised in their seriousness. Concerns were also raised of care plans and risk assessments being of poor quality and concern about lack of clinical oversight within the home. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well led sections of this full report.

Focused inspection

We received concerns in relation to poor recording of falls, concerns of incidents being minimised in their seriousness, care plans and risk assessments being of poor quality, and concern of a clack of clinical oversight within the home. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Globe Court Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well led.</p> <p>Details are in our well led findings below.</p>	<p>Good ●</p>

Globe Court Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of 2 inspectors and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Globe Court Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Globe Court Care Home is a care home without] nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records including care and support plans for 4 people. We looked at records of recruitment, training, and supervision for 5 care workers. We reviewed records relating to the management of the service, including quality assurance audits. We also looked at records for accidents and incidents, and complaints. We spoke to the registered manager, assistant manager and the clinical lead, 3 care workers, health care professionals. We spoke to 7 people, and 4 relatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had a range of processes and safeguarding policies and procedures in place to protect people from the risk of abuse.
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. We received comments like, "I am not in danger here, I feel safe in every way", and "I never worry. The [care workers] give me reassurance. They know me well and know the support that I need. They never raise their voices or get angry."
- Care workers had received training in safeguarding people. Refresher training was provided to ensure care workers could continue to deliver good quality care.

Assessing risk, safety monitoring and management

- There were systems in place to continually assess, monitor and manage risks. The registered manager ensured care workers received regular reminders on the correct procedures to follow to keep people safe.
- We saw examples where learning lessons were discussed and shared across the service in relation to recent incidents which had occurred in the home.
- The service helped to keep people safe through the formal and informal sharing of information about risks.
- Care workers told us that they received regular communication from management on how to monitor and mitigate risks. A care worker told us, "Management do spot checks out of normal hours to make sure people are safe all of the time."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- All restrictions of people's freedom were documented, monitored and reviewed regularly.

Staffing and recruitment

- The provider had processes in place to ensure that the recruitment process was safe. References were gained from previous employers to ensure that new workers previous conduct in care settings was satisfactory.
- Safer recruitment procedures were followed to ensure staff were suitable to work with people who used the service. Disclosure and Barring Service (DBS) checks were in place for all staff. DBS checks: Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough care workers available to deliver safe care to people. A person told us, "There are always plenty of [care workers] here. I only press my buzzer if it's urgent and they never take too long to come to check on me."

Using medicines safely

- The provider had systems in place to ensure medicines were managed safely. The registered manager completed regular audits to ensure medicines were administered safely.
- People were supported by qualified staff who followed safe systems and procedures to administer, record and store medicines safely. Staff wore bibs which advised people they on duty delivering medication to people.
- Medicines were reviewed regularly to monitor the effects on the health and wellbeing of people. The provider worked closely with the GP and local pharmacy to achieve this.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe. The service had good arrangements to keep the home clean and hygienic.
- There were hand washing facilities throughout the home for people, staff and visitors to use.
- The services infection prevention and control policy was up to date.
- Staff used personal protective equipment effectively and safely. All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

Visiting in care homes

- There were no restrictions of relatives or friends visiting people throughout the day. The home had a lounge which only relatives or friends would use, this was to prevent people without visitors being disturbed if they did not wish to be. People were free to use whichever lounge they chose to.

Learning lessons when things go wrong

- The registered had processes in place for recording, investigating, and monitoring accidents and incidents. Preventative measures to avoid repetition was discussed with people, relatives, staff and health professionals.
- We saw examples where learning was discussed and shared across the service in relation to recent incidents which had occurred in the home. Team meeting and weekly bulletins further reminded staff of their responsibilities.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted a positive culture in the home. There was an open-door policy and people felt they were able to approach the management team at any time.
- Management was visible in the service. They were approachable and took genuine interest in what people, staff and relatives told them. A relative told us "If I have any concerns, I can approach the office. The [registered manager] is easy to talk to and would let me know if there are any issues."
- Staff told us they felt supported by the registered manager. They were confident that any concerns raised would be addressed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had failed to notify CQC of 1 incident that occurred at the service after the last inspection, of which they have a legal requirement to do so. We discussed this with the registered manager who acknowledged this had not been done due to human oversight. The notification was submitted after the inspection. We were assured the registered manager understood their regulatory requirements around notifiable incidents. We reminded them of their responsibilities to notify the CQC in a timely manner.
- The registered manager showed understanding of the need to act on the duty of candour. We saw documents to support the service was honest and open and would apologise to people and those important to them when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and all staff showed they understood their roles and responsibilities in relation to risks and regulatory requirements. Staff understood the providers vision and values and how to apply them at the service.
- Staff spoke with us and were able to explain their role in respect of individual people without having to refer to documentation. For example, the chef was able to speak about people's dietary requirements without checking her notes, and the clinical lead was able to speak with us about people's medical conditions without checking care or support plans.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- Care plans were created with input from health professionals, people and relatives. Plans and risk assessments detailed people's protected characteristics so appropriate tailored care could be delivered.
- The provider sought feedback from people and those important to them and used the feedback to develop the service. For example, a relative told us, "I have a questionnaire that I need to fill in and post back." Another relative told us, "They are putting a newsletter together which will be shared with everyone, they checked with me as a picture of [family member] will be in it."

Continuous learning and improving care

- The registered manager had measures in place to ensure all staff had access to training courses and refresher courses to ensure the continuation of good quality care.
- The registered manager used feedback from the previous inspection and incidents that followed to improve the quality of the care and support plans.
- Personal history booklets were introduced so people could provide as much information as they wished to about their personal history, aiding the provision of good quality and person-centred care.

Working in partnership with others

- The provider worked in partnership with a variety of agencies such as health care professionals, the local authority, and the local churches to meet people's needs.
- Health care professionals we spoke with us they witnessed the registered manager, and all staff had a attentive and caring attitude to people whenever they visited.