

GCCH Capital LLP

# Globe Court Care Home

## Inspection report

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Date of inspection visit:  
28 February 2023

Date of publication:  
23 March 2023

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

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. At the time of our inspection there were 40 people using the service.

The care home accommodates 41 people in one adapted building.

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

People spoke positively about the service. One relative said, "We have never had any concerns for [my relative's] safety." Another relative said, "I think [my relative] is very safe there. Since they have been there, there hasn't been any concerns." Staff understood how to mitigate risks and what action to take in an emergency.

People and their relatives said they felt well cared for by staff. One relative said, "They are really nice. A lot of times [family member] doesn't respond, they still try and talk to them." We saw care workers interacting with people and their relatives in a caring manner during the inspection.

Even though some care plans did not have adequate personal history of people, care workers and staff provided personalised care. We spoke to the registered manager who addressed this immediately. One relative said, "[Family member] had their hair done last week and has seen the chiropodist."

There were systems in place for the reporting of incidents. The registered manager was able to explain what preventative measures and lessons learned were, but it was not always documented. This was discussed with the registered manager who said she would ensure preventative measures and lessons learned would be fully documented.

Staff told us they that they enjoyed working there. One care worker said, "Its' a nice place to work. The deputy and manager are very supportive."

People were supported to have the 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at the last inspection

This service was registered with us on 12 July 2022 and this is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### 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.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# 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 2014.

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 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 premises and the care provided, and both were looked at during the 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

The 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 improvement they plan to make.

We reviewed information we had received about the service since they were registered. This included any significant incidents that occurred at the service. 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 spoke with 11 people who used the service and 16 relatives. We spoke with the registered manager, the deputy manager, assistant manager and 3 care workers, the maintenance manager and the chef. We also spoke with one health and social care professional who was visiting the service at the time of the inspection.

We reviewed a range of records including care and support plans for 8 people. We looked at records of recruitment, training, and supervision records for 6 care workers. We reviewed records relating to the management of the service, including quality assurance audits, building audits. We also looked at accident and incidents and complaints records.

We used the Short Observational Framework for inspection (SOFI) SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated as good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and reviewed regularly. Meetings with the local authority and family were conducted to assess people's needs before they moved into the home. Information gathered was used to put measures into place to minimise risks before people received care. The registered manager and care staff had good knowledge of the risks faced by people.
- At the inspection we saw good practice with mitigating risks for skin integrity for those at risks, with body maps on the doors of personal en suite's giving care workers quick visual access to information.
- Care workers told us they were confident in reporting safety concerns to the registered manager and they were confident concerns would be dealt with appropriately.
- One relative said, "I think she is very safe there. Since she has been there, there hasn't been any concerns."

### Staffing and recruitment

- Recruitment procedures were safe. Appropriate pre-employment checks, including Disclosure and Barring Service (DBS) checks were carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We saw that 1 recruitment file did not have a full employment history. We discussed this with the registered manager who spoke with the care worker and corrected this straight away. The provider's recruitment processes were being followed which included a record of the applicant's qualifications and references from previous employment.
- There were mixed opinions as to whether people thought there were enough staff available. One person said, "I think it would be better if there was more staff at night." A relative said, "When we go there is always someone around. That's my experience so far. The demeanour of the staff is lovely."
- Observations throughout the inspection showed that there were enough staff on duty to meet people's needs in a timely manner.

### Preventing and controlling infection

- The service had infection control policies and procedures in place and we observed the home was clean and hygienic on the day of our inspection.
- Staff had access to personal protective equipment (PPE) to help reduce the risk of infection.
- Comments from relatives included, "They are very, very clean, they wear gloves I've noticed," and "There are masks available when you go into the home I've noticed."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of

infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The service had relatives visiting people throughout the day. There were notices on display in relation to good hygiene practices and infection prevention control. There were face masks and alcohol gel available for all visitors.

#### Using medicines safely

- The provider had guidelines for managing medicines, but care plans did not always contain adequate information about the medicines people were taking. We raised this with the registered manager who was proactive in arranging for the local pharmacist to carry out a medicine audit. The audit was shared with us after the inspection on 21 February 2023. No major concerns were identified.
- Staff who supported people to take their medicines had completed the appropriate training and had been assessed as being competent in this area.
- Controlled drugs were audited weekly, and all medicines were audited monthly. At the time of the inspection, there were no medicine incidents reported.
- Medicines administration records (MARs) were in place, fully completed and audited to ensure people received their medicines safely. One relative said, "[Family member] told me he gets his medication night and morning." Another relative said, "They give medication, no issues."

#### Systems and processes to safeguard people from the risk of abuse

- People were cared for by staff who understood how to protect them from abuse. Care workers said they would report safeguarding concerns to the registered manager and would be confident to report to the local authority if they felt they needed to.
- Procedures were in place to protect people from potential abuse. The managers completed monthly reviews of all areas of the service including wellbeing and infection control. The managers completed unannounced visits during night shifts to ensure people remained safe at all times.

#### Learning lessons when things go wrong

- There were measures in place to record accidents and incidents. Action plans and preventative measures were implemented to mitigate risk. Staff understood their responsibility to report these to the registered manager.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. The key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed prior to receiving support or as soon as possible afterwards. Information from the local authority, people and their relatives were used to develop care plans and risk assessments.
- Assessment and care planning documents were designed to be compliant with regulations and guidance. However, some care plans lacked in depth detail about people's life history. The registered manager took immediate action to rectify this. After the inspection, people and family members were surveyed to provide more information about life history where appropriate.

Staff support; induction, training, skills and experience.

- Care staff employed by the service had to complete an induction and training. We spoke with the registered manager to ensure essential training was completed before staff began to deliver care.
- People said they thought care staff were sufficiently trained. One relative said, "I would say they are good staff; they are very friendly."
- The registered manager had evidence of assurances that agency care workers had the appropriate experience and training to provide safe care to people.

Supporting people to eat and drink enough to maintain a balanced diet

- People's needs and preferences around eating and drinking were assessed and documented. Staff were aware of people's needs. The chef had details of people's needs and preferences. Alternative food options were offered to people if required.
- There were different opinions about the variety of food available. Comments included, "They should have a diverse menu, the food is quite bland," and "They have a variety of different nationality foods. They have a menu," and "[Family member] is diabetic, insulin dependent. What she generally eats is okay."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked with other organisations and services to promote people's health and wellbeing. Records showed effective liaison with other health and social care professionals, like GPs, pharmacies and the local authority. We saw the district nurse visited the home on a daily basis to provide care for people with diabetes.
- One relative said, "[Family member] was referred to the GP, they arrange transport and take her for her appointments." Another relative said, "They have a GP attached to the home, he came in the day [family

member] complained of a headache."

#### Ensuring consent to care and treatment in line with law and guidance

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 Act 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 MCA.

In some care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the time of our inspection, the service was supporting people who lacked capacity to make day-to-day decisions relating to their care. There were systems in place to assess, record and review people's capacity.
- Care workers were aware of DoLS conditions. One relative said, "My [family member] has dementia, they have great patience and understanding with my [family member]"
- Discussions with relatives and care workers were noted where people lacked capacity when reviewing best interest decisions. These would be reviewed monthly, or weekly if a person had recently left hospital care.
- Staff understood and applied the principles of the MCA. They routinely sought consent from people and enabled people to make decisions about their day to day care about what to eat and what to wear.

#### Visiting in care homes

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#### Using medicines safely

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- Procedures were in place to protect people from potential abuse. The managers completed monthly reviews of all areas of the service including wellbeing and infection control. The managers completed unannounced visits during night shifts to ensure people remained safe at all times.

#### Learning lessons when things go wrong

- There were measures in place to record accidents and incidents. Action plans and preventative measures were implemented to mitigate risk. Staff understood their responsibility to report these to the registered manager.

# Is the service caring?

## Our findings

Caring - This means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

The provider ensured people were treated well, and their equality and diversity respected.

- People told us that the staff were friendly. Comments included, "I'm very happy here, the food is good, everything is good," and "Excellent. They couldn't be better in terms of care."
- People's diverse needs including religion and culture were being met. Comments included, "We are Christians, I take [my relative] to church, they make sure she is ready," and "My [family member] is very religious, they have a Pastor who comes to the home and they are going to get him to see [family member]."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- The provider ensured people were able to express their views and were involved in decisions about their care.
- Care plans were structured to incorporate individual preferences to support people's independence.
- Staff ensured people's privacy and dignity were protected. Comments included, "[Family member] doesn't like opening her curtains, they respect that," and "They knock before they come into her room," and "No one ever tells us we can't go to her room, they give us privacy."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. The key question has been rated good. This means people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice control and to meet their needs and preferences

- Staff had a good understanding of the wishes of people and they were supported according to their preferences. Care plans contained information of people's likes and needs, in relation to food, culture and activities.
- One relative said, "They get [family member's] clothes out and let [family member] choose. I was comforted that they had taken on board my suggestion."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some organisations, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed in line with the AIS. At the time of our inspection, the service was not supporting anyone with specific communication needs

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the time of the inspection, the service was recruiting to replace an activity lead. The service has a schedule of daily activities for people to take part in.
- Staff supported people to access the community and take part in activities. One person said, "I go to church every Sunday, they always make sure that I am ready on time." Another person said, "I like to stay in my room, but a carer takes me out, we walk about and go for a coffee."
- People were supported in their decision to how they wish to spend their days. One relative said, "There are things on the board they do each day. They do seem to watch TV a lot." Another relative said, "Recently they have been taking [family member] for a walk as he isolates himself in his room."

Improving care quality in response to complaints or concerns

- Complaints and concerns were documented and investigated, but the investigation steps and lessons learned were not always documented. This was discussed with the registered manager who was able to explain what investigation steps and lessons learned had happened. The registered manager completed the missing details on the complaint templates during the inspection. We will check their progress with this at the next inspection of the service.

- Staff said they were confident in speaking to the registered manager about concerns or complaints and that they would be dealt with effectively.

One relative said, "They put up with me moaning, I don't call as much now, which shows there is a level of trust."

#### End of life care and support

- The service had an end of life policy in place. Care plans were designed to capture the wishes of people in relation to their end of life care and support.
- At the time of the inspection, the service was not supporting anyone at the end of their lives.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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 registered manager understood their responsibility to be open and honest and give people all relevant information when things went wrong.
  - The service was meeting the requirements of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong.
- One relative said, "When [family member] GP was changed, I didn't know. I raised it and they are on point with that now." Another relative said, "They keep us both informed."

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

- The registered manager and staff understood their roles and responsibilities. Unannounced visits were completed during out of office hours to ensure people's continual quality of care.
- Staff told us that they enjoyed working at the service. Staff said they would notify the registered manager of any safeguarding concerns or would go to the local authority if required.
- The registered manager was responsive to issues raised during the inspection. Immediate action was taken and issues were quickly resolved.

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

- The service ensured people were engaged and their equality characteristics were considered.
- Preferred gender of care workers was noted in care plans and measures were in place to match people's preferences.
- People said they felt supported by the service. One relative said, "I would speak to the office manager in the day, or in the evening there is a particular person that I can speak to." Another relative said "We go in regularly and talk when we are there. I feel I can call anytime and ask anything, there are no barriers."

Continuous learning and improving care

- The registered manager had measures in place to ensure continued learning and improvement of care.
- Meetings were held for staff where concerns could be discussed and addressed. Unannounced visits were completed by the district manager.
- The registered manager contacted relatives to notify them of any concerns with people by phone and

discussions were held with relatives when they visited people as required.

#### Working in partnership with others

- The provider worked in partnership with a variety of agencies such as social care professionals to ensure people's needs were met. This included the local pharmacy, chiropodists and district nurses.
- The registered manager worked closely with the local authority and social workers to achieve good outcomes for people.