



# Stockport Local Involvement Network

## Grosvenor Hall Care Home Enter and View Visit

Tuesday 28<sup>th</sup> July 2009

A report compiled by the Stockport Local  
Involvement Network

LINK Support is provided by the LINK Support Team at Pebble Enterprises, Labyrinth House, 45  
Middle Hillgate, Stockport, SK1 3DG

Telephone 0161 477 8479 Fax 0161 480 3735, Email [links@pebbleenterprises.co.uk](mailto:links@pebbleenterprises.co.uk)

Website: [www.stockportlink.co.uk](http://www.stockportlink.co.uk)

Directors: Derek Caldwell, Shirley Williams, Neil Slack. Secretary: Margaret Brade

## What is the Stockport LINK?

**The Stockport LINK is a network of groups and individuals from across Stockport coming together to ensure that health and social care services are planned and delivered to meet the needs of the people that use them.**

### The LINK will:

- **Find out what people like and dislike about health and social care in Stockport.**

We are always here to listen at the LINK Support Office, if you know of a wider health and social care issue in Stockport, let us know. The LINK is proactive in producing questionnaires and feedback forms that are circulated around the Stockport area for a wider balanced view.

- **Suggest ideas to help improve these services and consider specific issues of concern to the community.**

Because the LINK is made up of Stockport residents, these issues and the ideas to help tackle them are being formulated by you and people representing you. The LINK wants to hear about your experience of health and/or social care services in Stockport.

- **Visit premises in Stockport where care is provided or those providing care to Stockport residents.**

This is called Enter & View, and is undertaken by trained LINK members. Authorised LINK members can visit care premises to view the quality of care, write a report and feed back to both the organisation providing the care and the wider public.

- **Work with and influence those who make decisions about new services or existing services to help make them better.**

The LINK has the power to make statutory bodies listen; they are under an obligation to respond to LINK requests and reports within a given amount of time, meaning that the LINK can really make a difference.

- **Be flexible, providing many opportunities and different ways in which you can get involved.**

One of the great things about the LINK is that you can be as involved as much or as little as you like. From being a Core Group member, attending meetings, participating in Enter & View, participating in subgroups or you can simply choose to receive the Newsletter or provide us with your feedback. The choice is up to you.

## Grosvenor Hall Care Home, Lancashire Hill

Tuesday 28<sup>th</sup> July 2009

**Report from:** Stockport LINK Enter & View Team

**Visiting Members:** John Leach, Gerry Wright, David Atkinson support Maria Kildunne

**Report to:** LINK Core Group

**Report Date:** 17<sup>th</sup> August 2009

**Subject:** Enter and View Visit

**Appendix:** Star ratings used by the Care Quality Commission

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### **Introduction**

Grosvenor Hall Nursing Home is a privately run establishment catering for older people with EMI. It was converted from an orphanage into a facility as a care home.

The Patient and Public Involvement in Health (PPIH) visited on 23<sup>rd</sup> November 2007. This report came back as satisfactory.

The Care Quality Commission (previously known as the Commission for Social Care Inspection) carried out an unannounced inspection to the home on 13<sup>th</sup> August 2008. The Commission gave the home 2 stars. For Star rating please see appendix 1. For a copy of the Inspection Report please visit: <http://62.73.173.233/CSCI/CRH/23/DS0000069123.V369401.R01.S.pdf> or call the LINK Support Team can forward you a copy by post.

The LINK Visiting Team was met by Bernadette Croston Deputy manager, registered staff nurse and the home's internal trainer. The registered manager, Ollie Northrop of Grosvenor Hall was temporarily off sick. The Visiting Team was taken to a meeting room to discuss the care provided in the home before going on a visit around the building.

Number of Residents: 54 total when full (currently have 3 places not taken)

Number of Places with dementia care: 22

Number of Staff: 30:-- 20full time and 10part time

## **Purpose of the visit**

The Stockport LINK decided it would be a good chance to check on any progress since the visit made by the Patient and Public Involvement in Health Forum. The LINK would like to acquaint themselves with the manager and staff of the establishment and view the quality of care received within the home.

## **Building**

The building is Victorian, having been built around 1860 and converted from an orphanage and was previously Stockport technological school. The grounds and building structure appeared to be in good repair and fit for purpose. There were a few overgrown shrubs and the paint work was a little tired.

Visitor access was very good indeed, with plentiful parking but there is to be further building on the site in the future which may impact on space for car parking.

The front door was kept closed and we were met immediately on arrival. There was bacterial lotion also to use on arrival.

The cleanliness of the building and rooms were well in keeping with requirements.

It was neat and tidy with ongoing decoration on the second floor which gave the appearance of tiredness in some areas but was obviously being addressed.

There were no issues with access or ease of movement, having a lift between floors enabling wheelchairs and beds to be moved easily. However it was noted that some fire doors were open.

There was ample space for people to chat and it was noted that there was one room on the ground floor for privacy.

There was also a lack of en-suite bathroom facilities and the upstairs lounge had a slight smell of urine.

## **Resident Engagement**

The patients interviewed gave high praise to the home. The families of patients spoken to were full of praise for the establishment. One of the patients had been there for three years.

Grosvenor Hall employs an activity co-ordinator and they are advertising for a 2<sup>nd</sup> position. Outside entertainment is provided usually twice a week and residential

entertainment is provided on a regular basis. Residents are also escorted on outside visits such as shopping and going to the theatre.

There is a quiet room/music room for residents to enjoy. Residents go out with their key workers on a one-to-one for coffee or shopping. There are 1-2 set activities a week. Students from Stockport College come in to help the residents tend the garden, karaoke run by volunteers takes place on a Wednesday afternoon and a singer also visits the home.

The religious needs of residents are met with clerics visiting regularly and there is an Equality & Diversity course ran for all staff. All residents at the moment are white British and staff are a mix of ethnic minorities.

Alcohol is allowed for residents and monitored.

Twice yearly, the home produces feedback questionnaires about the home which is given to residents and families but do not get a lot of response. There is generally a 10-15 return out of 48.

In the two hours the Enter & View Team was in attendance the entertainment provided was a television and board games.

There was a feeling of a happy atmosphere, a lady was having her hair done, lots of happy banter between staff and residents

A complaints policy was obtained. A copy is available in the communal area and a record is kept of all complaints. If the manager cannot satisfy the complainant it is referred to a company director. Complaints appear to be rare and sorted swiftly.

There is no residents committee and there is no suggestion box, residents have to approach the manager.

There have been two complaints in the past few months focusing mainly on laundry which have been resolved fairly quickly.

## **Staff**

The three staff interviewed all appeared happy and committed; they were professional but informal and worked well as a team. It was noted that Ollie, the manager was a motivated manager with great team spirit, this showed on the day.

There are excellent developmental opportunities for advancements and continuous training for staff. One such training programme is wound care training and all staff

receives first aid training. They were obviously passionate about palliative care and were very focused on preventing people from having to go into hospital.

The residents appeared to be well cared for and happy. The shortage of permanent staff is a problem and their retention of staff and they need to use agency staff fairly regularly.

## **Food**

Due to the time of the visit, the team were unable to witness the food but from the residents observation the food appears to be of good quality. The meals are cooked at a separate facility and brought to the Care Home in heated trolleys as used by many hospitals.

The home is attempting to get fresh orange juice delivered as they believe it has properties which may slow down dementia.

The presentation is average for this type of establishment. There is always a fruit bowl available. Nutrition was noted as a high priority at Grosvenor Hall and it was noted that those with dementia are now putting on weight after nutritional assessments.

The menu has a 4 week cycle and the choice appears to be more than adequate. There is a full choice at breakfast of full English, fruit or cereal and porridge is fortified with cream and there is also a soft diet for those in need of assistance. Added vitamins are also used if required.

Some meals are served in rooms and all meals are supervised. Residents are monitored and added vitamins are used if requirements.

## **General Support**

General support offers seems to be better than average. Residents each have a key nurse and a key care worker for social care needs. They have a weekly GP visit from Dr. Swarbrick from Heaton Moor Health Centre who takes care of all the residents needs and the senior management have an excellent relationship with the GP and local pharmacist.

The welfare of residents appears to be excellent. Family involvement is very much encouraged with staff ensuring they feel like part of the team. Some residents are visited by privately paid support workers to take them out.

The home provides and encourages rehabilitation where possible e.g. physiotherapy and physical activity etc... and Bernadette informed the visiting team several residents were able to move back home because of improved mobility and diet etc... They get a lot of referrals from Age Concern Stockport. All staff and residents will be immunised with the flu vaccine.

## **Conclusion**

The home has gained a gold star in Palliative Care and they told the visiting team they are the only home in Stockport to be given this award.

The general atmosphere of the home was happy all round, very good and warm. Grosvenor Hall appears to be a well run and happy establishment. An excellent feature is the Senior Management setting an excellent example to the staff.

## **Recommendations**

1. A suggestion box for informal feedback from residents and families and friends be available in communal areas
2. To explore the idea of a residents committee
3. All fire doors remain closed
4. The LINK Team keeps an open communication with the home and returns for a catch up visit in 12-18 months time.

The views in this report are of the collective team of Enter & View Representatives who visited Grosvenor Hall and only apply to the day on which the visit was made.

*Stockport LINK 25<sup>th</sup> August 2009*

## **Appendix 1 – Star Ratings Used by the Care Quality Commission**

The Care Quality Commission is the independent regulator of health and social care in England. their aim is to make sure better care is provided for everyone, whether that's in hospital, in care homes, in people's own homes, or elsewhere.

They regulate health and adult social care services, whether provided by the NHS, local authorities, private companies or voluntary organisations. And, they protect the rights of people detained under the Mental Health Act.

Following a key inspection of a service the Care Quality Commission publish a rating that describes the quality of care it provides.

The ratings scale is:

- 0 stars - poor
- 1 star - adequate
- 2 stars - good
- 3 stars – excellent

Inspection reports include a description of the outcomes that people using services should expect. They use the outcomes in the national minimum standards (NMS).

- When assessing the quality of care services the outcomes allow them to focus on the experiences of people who use services and what's important to them.
- They make judgments about the quality of services against each of the outcome areas. They then use these judgments to work out the overall quality rating for that service.

For more information about ratings or the national minimum standards please visit the Care Quality Commission website: [www.cqc.org.uk](http://www.cqc.org.uk)

Or contact the Stockport LINK Support Team on 0161 477 8479