

WT UK Opco 4 Limited

# Halecroft Grange

## Inspection report

295 Hale Road  
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Altrincham  
Cheshire  
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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Halecroft Grange is a residential care home providing personal care for up to 95 people. The home is divided into two separate neighborhoods, the 'assisted living' neighbourhood and the 'reminiscence' neighbourhood. The assisted living neighbourhood provides residential care for up to 60 people. The reminiscence neighbourhood provides residential care for up to 35 people living with dementia. At the time of this inspection 48 people were living in the assisted living community and 26 people in the reminiscence community.

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

The home was exceptionally well led with a strong culture and focus on providing person centred care enabling people to live their best lives. The provider and registered manager invested in and followed effective, highly robust governance systems enabling excellent oversight of the service

The home had excellent facilities, supporting people to have fulfilled lives through the provision of an extensive and varied activities programme, tailored to meet peoples' individual needs and interests.

Assessments were person centred and care was very responsive to people's needs. There was an established and motivated staff team highly trained to carry out their roles effectively. The service and home environment was accessible and had been adapted to meet people's needs.

Staff understood how to safeguard people and when to raise concerns. People received their medicines safely. Risks associated with people's care were regularly assessed and monitored. Staff followed infection prevention and control guidance to minimise risks related to the spread of infection. Recruitment practices were safe.

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.

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 last inspection

The last rating for the service under the previous provider was good, published on 18 October 2018. This is the first inspection of this service since the registered provider changed on 10 December 2021.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sunrise of Hale Barns on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Why we inspected

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

### 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?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

# Halecroft Grange

## 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

This inspection was carried out by four inspectors and one 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

Halecroft Grange 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. Halecroft Grange 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

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 the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 6 people and 4 family members about their experience of the care provided. We spoke to 17 members of staff, including the area manager, registered manager, deputy manager, marketing coordinator, reminiscence coordinator, housekeeper, activities coordinator, the chef, concierge and 8 care staff. We reviewed a range of records, including 12 people's care records and multiple medicines records. We looked at 3 staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including quality assurance were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from 5 health and social care professionals.

# 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 good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines were managed safely. The home had recently invested in an electronic medicines management system. The system alerted staff when medicines had not been administered, ensuring people got their medicines as prescribed and improving overall safety.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- Staff who administered medicines had been trained to do so and the registered manager completed regular competency checks to ensure staff administering medication did so safely.
- The home worked with medical professionals in ensuring people were only prescribed the medication they required. Pain was quickly assessed, managed and where appropriate the need for medication reduced including medication to manage agitation.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were regularly assessed, and clear guidance provided in care plans to manage these risks. Equipment was used to reduce risk, for example, sensors, bed rails and profile beds.
- People told us, "I couldn't manage the stairs at home, and I had several falls, since moving here I haven't had any, and the best thing is there are people around me if I need anything, this makes me feel safe."
- Policies and procedures were followed to ensure accidents and incidents were recorded and analysed and corrective action was taken if required to prevent recurrence.
- Effective systems were in place to ensure that all areas of the home were safe. This included up to date safety certificates for gas, electric and regular checks of fire safety equipment.

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

- People told us they felt safe. Staff protected people from the risk of abuse, discrimination and avoidable harm.
- Staff had received training in safeguarding and whistleblowing and understood how to identify and report concerns.
- There was an open and transparent culture within the service. Staff were confident the registered manager would respond appropriately to any concerns.
- The registered manager reported safeguarding concerns to the local authority and the Care Quality Commission in line with guidance.

### Staffing and recruitment

- Staffing levels were safe.

- Staff were recruited safely and had the appropriate pre-employment checks in place before employment commenced.

#### Preventing and controlling infection

- 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 provider was facilitating safe visiting in line with government guidance.



# 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. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff made appropriate and timely referrals to other health and social care professionals such as GPs and district nurses. People were supported to access healthcare appointments when necessary and the GP attended weekly to review care.
- The home had introduced hydration champions to encourage people to drink enough fluids independently. This approach had been effective at addressing health issues by reducing people's fatigue, the number of falls and urinary tract infections.
- People and their relatives were positive about the support they received. They told us, "If I am unwell, I would tell the staff and they would call my family and GP" and "If my loved one is unwell they call the GP and the communication is very good, they always let me know of any changes."
- We received positive feedback about the service from health professionals. They told us, "The standard of care is fabulous, and I feel like they go over and above for the residents. The staff have always followed any recommendations. I find they always have the GP on hand if needed and they are contacted quickly if any patients require further care."

Adapting service, design, decoration to meet people's needs

- People told us, "Nothing is too much trouble. When I first moved in, the flooring wasn't suitable, so they changed it for more suitable flooring."
- The home environment was excellent and provided a range of facilities for the people living there. This included communal dining, private dining so people could dine with their families, an activities room, a hair and beauty salon, a café, a large garden area and a library.
- The provider had also renovated a room on the reminiscence neighbourhood into a small pub for people to access and socialise as they had in their earlier lives.
- The design and decoration of people's individual rooms were completed to a high standard. Each bedroom was spacious, personalised and modern with ensuite facilities.

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

- Comprehensive assessments of people's support needs were completed prior to anyone being admitted to the home.
- People, and their relatives were consulted throughout the assessment process and their needs and choices were reviewed on a regular basis or when people's needs had changed.
- The assessments were person centred and promoted people's independence. This included a detailed focus on people's life history to support a clear focus on person centred care.

Staff support: induction, training, skills and experience

- New staff received a structured and supportive 12-week induction.
- Staff were actively encouraged to succeed in their roles and this was demonstrated by the number of staff who had progressed into new roles within the home.
- Staff were positive about the induction, training and support provided. Staff told us, "I did shadow shifts with very experienced staff. 5 shadow shifts and it lasted 3 months" and "It was a very good induction. The training was spot on and they gave me time to learn."
- People were positive about the support provided by staff. One person said, "The staff are really good when they help me transfer and I feel they know what they are doing".

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

- Mealtimes were person centred and dementia friendly. The Registered manager stated, "The majority of residents live with dementia so we carry out show plates, which are samples of the meals that day, so they can pick what they fancy instead of ordering in advance and then perhaps changing their minds."
- Regular surveys and care plan reviews captured people's preferences. Menus were varied with choices available and alternatives offered.
- We received mixed feedback about the food. People told us, "The food is great. It's the best of the best" and "I do feel that what lets this place down is the food it arrives tepid and the quality isn't the best."
- Staff were trained in food hygiene. Kitchen staff had clear and up to date information on people's allergies and any other dietary requirements.
- People were able to eat where they chose to, and we observed people eating meals in their bedrooms and in the lounge or dining areas.

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 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 MCA. In 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. The registered manager had made appropriate applications for DoLS authorisations.
- Best interests meetings took place when people were unable to make their own decisions. This helped to ensure decisions were made in people's best interests and minimised the use of restrictions.

# 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 outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- The home had a very person centred, inclusive and empowering culture. This was embedded in everything they did. People were continually given opportunities to excel and flourish.
- Staff encouraged people to celebrate all religions and cultures for example Jewish festivals. One person had been supported to provide weekly workshops on religion, this was important to them and was well attended by other people living at the home.
- People were encouraged to pursue their dreams through a 'wish book'. One person loved birds of prey. The home organised for a local falconry to attend for world wildlife day. The person was thrilled and requested a photo of the day to be displayed in their room.
- People were overwhelmingly positive about how kind staff were. They told us, "The staff are lovely to me they talk to me and always have time for me" and "The staff know me well they are so lovely to me and very kind and always respectful".
- The feedback from healthcare professionals was also overwhelmingly positive and included, "They take an active interest in the residents they look after and act as advocates for them when drawing up a plan of care to meet their health needs" and "The standard of care is fabulous and I feel like they go over and above for the residents." The home provided numerous examples where people were supported to follow their interests in and away from the home. This had impacted positively on their health and wellbeing and had reduced isolation and increased people's wellbeing.
- Equality and diversity was promoted proactively throughout the home through public displays of information and online guest speakers talking about issues such as Alzheimer's and LGBT+.
- Staff received equality and diversity training. Staff delivered care and support in a non-discriminatory way and upheld people's rights.

Supporting people to express their views and be involved in making decisions about their care

- There was a strong and visible, person-centred culture at the home. Staff offered care and support that was compassionate and kind. Staff had built trusting and positive relationships with those they cared for and their families.
- Families were given opportunities above and beyond formal reviews of care to contribute to their relative's care. Within the home, this included a dementia friendly cafe, talk shows and quizzes tailored to support their involvement. This increased people's access to support in a more informal environment. A relative told us, "Halecroft Grange offers a wealth of opportunities for families to connect, socialise and support each other. From organised events like quiz nights. . .the home fosters an environment where families can meet, bond and share experiences."

- Families were fully engaged in the care provided. They told us, "I feel welcome, and the staff are very kind and accommodating" and "The staff are very respectful and listen to me."
- People were supported to express their views, preferences and wishes. This included how they wanted the service decorated, the activities they wanted and the food they wanted to eat. On one occasion three residents were supported to write a letter to the local MP and the Mayor to express their concerns about restrictions resulting from the pandemic. Both politicians responded and this led to them attending future events and talks at the home.
- People and their families had access to onsite legal advice. This enabled them to access up to date and reliable information on their rights and options.
- People and their family members also provided positive feedback about the home on [carehome.co.uk](https://carehome.co.uk), with the home rated 9.7 out of 10 from 53 reviews.

#### Respecting and promoting people's privacy, dignity and independence

- People were supported to be independent. One person told us, "The staff know what they are doing, they let me do as much as I can, but are always willing to help me." Care plans clearly identified what people could do for themselves and where they needed encouragement and support. For example, one person stated they liked to shower independently before breakfast but required a courtesy call at 7am to ensure they were up. A second person's care plan, had enabled their dog to live at the home, as this was important to them.
- People's independence in the community was promoted, the home had an ethos where people were supported to have purpose. One person supported a lecturer at the University of Manchester to raise awareness of Alzheimer's through regular lectures to students.
- People were treated with dignity and respect. A relative told us, "This place stood out a mile for me as it is very dignified. People are well dressed and are well looked after." 'Resident of the day' monthly reviews focused on dignified care and checked with people and their families what their experience of this had been.
- Staff were very confident in their roles and understood how to care for people. Staff told us, "It starts from the smallest things like knocking on the door, we have screens, if they are in the bathroom, we ask them if they need assistance and always respect their wishes" and "I will always knock before going into their room, giving them a choice of when they get up and go to bed, get options out for dress, shower or body wash, shave for the men, making sure they have cover in the shower and privacy. All of this is in the care plan and also if they want a male or female."
- During lockdown the home recognised people were missing their relatives. Staff supported people to print and transfer photos of relatives onto cushions, that they could hold, helping people to feel their loved ones were still close. This reduced the impact of not being able to see their loved ones during this period.

# 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. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The home demonstrated excellent engagement with people and their families to ensure highly personalised, person centred care was delivered and people lived fulfilling lives as a result.
- The approach to dementia care was excellent. People were empowered, listened to and valued. The home went the extra mile to treat people as individuals and used a 'Life Story Book' on admission and throughout their stay. This ensured a strong foundation to provide care based on people's life experiences and their choices. This enabled activities, for example, to be tailored on a 1-1 basis for people who did not usually engage with group activities.
- Staff worked on a one-to-one basis to understand each person's experience of dementia to remove barriers to good care. For example, one resident would often get agitated due to post trauma and this made personal care more difficult to deliver. Staff worked closely with them, to understand their triggers, to ensure they were assisted in a way that made them feel safe and comfortable. This improved their experience of care.
- The home was innovative and used different therapies on site to support people with dementia to manage their experience of distress and to improve their level of engagement. Cognitive Stimulant Therapy (CST) provided a forum for meaningful conversations between people and their relatives. This improved their lived experience of dementia. CST is a group therapy recommended for mild or moderate dementia and is effective in improving memory, confidence and self-esteem. 'Namaste Care' provided comfort to people with advanced dementia through sensory stimulation and the use of touch. Communicating with language becomes less useful as dementia progresses. Namaste sessions were run by trained staff and involved caring touch such as hand and foot massages and music therapy. These two approaches enabled staff to engage in a meaningful way with people improving their quality of life.
- Care plans identified people's needs and provided guidance for staff. Staff knew people very well and had protected time to read people's care plans including their 'Life Story Book'. This was very effective and helped staff to fully engage with people. Relatives told us, "They completely understand my [relatives] needs. They have got to know him very well. [Relative] settled here very quickly as they made a lot of effort to find out [relative] history. Staff all know [relative] history. They value him."

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

- The home provided a well-resourced, person-centred activities programme. This ensured people had daily activities and things to look forward to. The activities coordinator took pride in their work and stated, "They encouraged people to live their best lives".

- The activities coordinator had received a nomination for the national dementia care awards. The nomination highlighted the home's person-centred approach to activities and the use of life story work to engage with people and their families. Life story work is recognised as a vital tool used to get to know people with dementia better. The tool was used effectively by staff to support people to access suitable activities building on their past interests. For example, some people used to work as aircraft engineers, so enjoyed trips to the airport café. Another person who had administrative experience in their work history, regular helped in the office. This had improved their wellbeing and purpose.
- Activity provision was excellent and people were fully involved in the design and delivery of the activities programme. Activities were based on people's interests and encompassed both group and one to one activity, day and evening activity provision was provided including at least two different community outings each week. Activities included therapies, pampering, physical exercise, regular live music, film nights with drinks from the in-house pub, an art club and weekly animal therapy sessions.
- The home found creative ways to make physical activity enjoyable. People weren't keen on standard armchair exercises, so sit down volleyball and Bollywood dancing activities had been introduced, proving to be very popular and enabling people to exercise daily.
- People were empowered to be independent. For example, baking and flower arranging activities were led by people living at the home and were well attended. People had access to computer tablets and the 'magic table'. The 'magic table' is a computer touch screen table with games that were very popular.
- The home had a 'wish book' to enable people to look back at their experience of achieving their wishes. For example, the home contacted Mercedes in Stuttgart to arrange a virtual tour around the museum for one person. A second person loved the local football team and arrangements were made for players to visit the home.
- The activities programme had a beneficial impact on families too. Families could join in activities and were fully involved through social media which included live updates about each daily activity. One to one communication was facilitated by the home's media team. For example, 'Connect at Christmas' utilised online video calls to ensure people enjoyed the virtual company of family members who lived far away.
- Visiting health professionals told us, "I find their activities and trips out very impressive compared to other places I visit." and "There is also a wide range of activities in the home and the activities team try to encourage people to join in." Relatives told us, "There are always plenty of activities going on and the staff do encourage the residents to participate" and "They have done remarkably well to involve [relative] as [relative] doesn't tend to join in. They are very creative to get [relative] to help fix things as this is linked to [relatives] previous profession."

#### End of life care and support

- The home delivered exceptional end of life care. The home had joined a national programme called, 'The National Gold Standards Framework' for end-of-life care to ensure the best possible care was provided.
- Care provided was person centred and went the extra mile. End of life care champions supported staff to ensure best practice in end-of-life care was followed and families supported.
- The home worked closely with family and health professionals to ensure a high standard of care was provided. This included a post death audit to ensure all plans were adhered to.
- Relatives sent cards and letters thanking the staff for the care and attention they had given. Comments included, "To all the staff we would like to thank you all for coming outside yesterday to say farewell. We were really touched" and "It has been reassuring to know that my [relative] was being looked after by carers whom [resident] knew and gave her so much support and comfort. I am very grateful to all of you."
- Staff were also supported to write personal reflections of their experience of providing end of life care.

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the

Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, 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.

- The service followed the five steps of the accessible information standard.
- Person-centred communication plans documented the person's preferred method of communication, any impairments that could affect communication, and guided staff on the best ways to communicate with people. This ensured people had access to information in a form that met their assessed needs.
- Staff knew people well and understood people's communication needs. We observed them responding appropriately to people throughout the inspection.

Improving care quality in response to complaints or concerns

- A formal complaints policy was in place. There was a high level of satisfaction with the service. There had been no formal complaints in the previous 12 months.
- The home demonstrated a commitment to continuous improvement, through a live quality action plan that was responsive to issues as they arose, with clear timescales for action.
- Regular staff and regular reviews enabled people to easily express their wishes.
- The managers were open, honest and transparent and listened to concerns raised by families.
- Relatives reported a high level of satisfaction with the senior management team and said they felt comfortable to raise concerns.



# 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 outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The delivery of high-quality, person-centred care, was built on a culture that fully involved and valued people as partners in their care. This created a homely environment and excellent outcomes for people.
- There was a clear set of values focused on the wellbeing of all. The home had devised these values with the involvement of people and their families. This ensured the values were aligned, and everyone was part of a community pulling in the same direction. The values were kept under constant review through team meetings, family forums and resident councils.
- Staff reported a high level of job satisfaction. Staff told us, "Yes, I love it. that's why I'm still here. I think it's fantastic, we work so well together" and "I think it's a really good place to work and resident always seem happy too, I love it."
- Achievements were recognised and promoted. The activities coordinator and the dementia team had been nominated for the National Dementia Care Awards for 2023, in recognition of their achievements. One carer had won carer of the year in the Sunrise Heart and Soul Awards and second place in the Skills for Life, Our Health Heroes Award.
- Visiting healthcare professionals provided excellent feedback about the culture of the home, staff and quality of care staff provided. These comments included, "It's also always nice to hear the residents praise the staff when I'm chatting with them. Whenever I visit there's always a nice happy environment" and "The team of carers are all lovely and genuinely do care about their work. They are friendly, approachable and are really good at liaising with medical professionals such as myself. I feel that the standard of care is high." Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
- Staff members were very complimentary about the support provided by the senior management team. Staff told us, "Yes, doors always open and they are approachable. They are always on the floor; they take it in turns to serve at mealtimes too" and "Supervision is every three months at least. [Coordinator] is very good at pointing out areas that need improving and also the things that are done well. She has been a real rock for me."
- Staff had access to a range of support including a trained mental health first aider and a 24 hour, 7 day a week on call system where both residents and staff could access a manager by phone.
- Families were involved in every way possible with their loved ones care. This included private dining where people could eat with their families. This was very popular. One person told us, "I love the fact I can eat with my loved one it's just like being at home."
- The home embraced a wide range of communication platforms to ensure residents lived fulfilled lives and



that their families were always aware of what was going on. A relative told us, "The family enjoys reading the newsletter as it gives us an insight into everything that's happening and provides lots of topics to chat about with [relative]." A monthly residents council and a regular friends and family forum also ensured people and their families were involved in the running of the home.

- The home embraced a wide range of communication platforms to ensure residents lived fulfilled lives and that their families were always aware of what was going on. The dedicated media team sent regular updates to relatives via a regular newsletter, Facebook posts, LinkedIn information for local businesses and organisations and YouTube videos. By linking with the local community, the home had created some truly innovative content. This included a regular online discussion for residents with the Mayor of Greater Manchester, Andy Burnham. Staff told us people were very engaged with local affairs and enjoyed this greatly. A charity valuation with a TV auctioneer, legal advice from a local law firm, financial advice and virtual and in-person visits from players at a local Football Club also took place. This all resulted in people at the home having active lives and full involvement in their local community.
- The home could also move quickly and effectively when creating content and fully involved people in the home. For example, when Her Majesty The Queen died, a person used to public speaking was happy to be filmed leading the home's tribute. During the covid pandemic, people became more comfortable using technology with many getting involved creating videos, such as 'Covid through the eyes of a resident', where people described their experiences and how the team at Halecroft Grange supported them through it.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

- Highly effective and robust governance systems supported the provision of high-quality person-centred care and support. A quality assurance system of scheduled audits was in place. This included regular checks of all areas including health and safety and medicines audits. Actions were identified for any shortfalls found. The staff had the skills, knowledge and experience to perform their roles. They were passionate and worked effectively together and shared the same vision to ensure they achieved positive outcomes for people.
- Governance processes included a tracker which enabled the senior team to effectively monitor all incidents, safeguarding and complaints.
- The home had well established relationships with external agencies. These included Trafford Homecare Provider Group and the registered managers forum. There was a weekly GP ward round which was supported by daily visits from the district nurse team.

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 was aware of their legal responsibilities and notified the CQC and local authorities appropriately when required.
- The senior management team understood their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.