

WT UK Opco 4 Limited

# Metchley Manor

## Inspection report

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### 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?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Metchley Manor is a residential care home providing personal care to up to 98 people. The service provides care and support to younger and older people, people living with physical disabilities and/or sensory impairments and people living with dementia. At the time of our inspection there were 57 people using the service.

Metchley Manor accommodates people in a large, purpose built dwelling across three units, each of which has separate adapted facilities. One unit specialises in providing care and support to people living with dementia.

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

People received a consistently high standard of care because the staff and management team placed people at the heart of the service. People told us they felt listened to and staff were kind, caring and compassionate. There was a friendly, positive atmosphere throughout the service. Staff had a good knowledge of people's needs, values and beliefs. People were involved in activities that were chosen by them and were meaningful to them. People and their relatives were involved in community projects and charity events to enable them to feel part of the community and have a sense of purpose.

The registered manager and staff were focused on providing a person led service that promoted positive outcomes for people. This was recognised with the service winning recent national awards. There was strong, clear leadership in the service and the registered manager was a role model for the staff providing direction and encouraging personal development of their skills and knowledge.

The care model for the service focused on the people living at Metchley Manor and actively promoted their independence and safety. Staff were aware of the responsibilities to keep people safe from abuse. The service was proactive in identifying areas that could put people at risk of avoidable harm. There were sufficient numbers of staff on duty to support people safely. Appropriate recruitment processes were in place to employ suitable staff to support people. Systems were in place to manage medicines safely. People were encouraged and supported to self-medicate to maintain their independence. The home was clean and well maintained.

People were actively involved in their care. Staff received appropriate training to carry out their duties effectively and had excellent relationships with people. Staff used effective communication skills to promote choice and independence. There was a special focus on nutritional and hydration and ensuring mealtimes were enjoyable, providing a social experience for people. The service embedded best practice to meet people's individual needs and ensured they received good healthcare.

Systems were in place to ensure people were able to make day to day decisions about their care and encourage people to do so. 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.

The registered manager promoted a culture of being open and honest, so people and their family members had confidence in the service being provided. There was a robust quality assurance system in place. Actions were taken in response to findings and the provider had a clear accountability structure in place. Incidents were shared with staff and reflective practice was used at all levels to drive improvement. Where we identified minor shortfalls as part of the inspection these were acknowledged and promptly actioned by the registered manager and their management team.

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

The last rating for the service under their previous provider was good, published on 23 June 2018.

#### 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.

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

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

# Metchley Manor

## 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 was carried out by 2 inspectors, Specialist Nursing Advisor (SpA) and 2 Experts by Experience. Both inspectors, SpA and 1 Expert by Experience completed a site visit. The second Expert by Experience made telephone calls to people and relatives of people who used the service. 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

Metchley Manor 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. Metchley Manor 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.

We reviewed public information available on the Healthwatch website. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

## During the inspection

We spoke with 11 people who used the service, 5 family members and friends. We spoke with the registered manager, deputy manager, 2 team leaders, 10 staff that included housekeeping, catering, activities and care staff.

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.

We reviewed the care records for 5 people who used the service and a selection of medicines administration records for people. We observed the care and support provided by staff and the home environment was assessed for safety and suitability. We also looked at 3 staff recruitment records, the provider's policies, quality assurance audits and action plans.

# 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. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us the care and support they received from staff meant they were confident Metchley Manor was a safe place to live. One person told us, "I am very well looked after here (Metchley Manor). Everything feels safe, I have never had any worries about that (feeling unsafe)."
- Staff had completed safeguarding training and understood their role in recognising and reporting concerns of abuse. One staff member said, "Safeguarding training is good. If someone had unexplained bruises I would ask them what happened and do a body map. I would tell [team leader] as it would need to be reported up."
- The registered manager had a process in place to manage safeguarding incidents and followed the provider's policies for reporting incidents to the local authority safeguarding team. There were detailed records of any actions taken to mitigate the risk of reoccurrence.

Assessing risk, safety monitoring and management

- Risks to people were regularly assessed and there were plans in place to help mitigate risks. This included risks associated with people's mobility, nutrition, skin integrity and diabetes management. Each suite had their own clinical risk register with oversight from the registered manager and the senior team.
- There were daily meetings where staff shared information about changes in people's care needs so any emerging risks could be managed.
- Regular checks were made on the premises and equipment to ensure people's safety. This included checks by external contractors on gas, electrical and fire safety.

Staffing and recruitment

- Staff we spoke with told us they felt there was a requirement to increase numbers. However, this was not our observations on the day. People were not left waiting for support for long periods of time. Call bells were answered promptly, and we found there were enough staff to meet people's needs safely and effectively. One relative told us, "Everything is as it should be. My wife has seen the service record of their [staff] response times to [person] call bell. I have no concerns there (about staffing levels)."
- People told us staff were available when they needed them and responded to their requests for assistance. One person told us, "I have one (a call bell) by the side of my bed when I am in bed or in my pocket. If I want them [staff], I push it and they are there." Another person said, "I can push my buzzer and in no time they [staff] are here."
- Safe recruitment processes were in place to ensure suitable staff were employed to support people. This included 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.

### Using medicines safely

- Staff had been trained in the safe administration of medicines and regularly had their competency assessed to ensure they continued to follow best practice. Accurate medicines records were maintained, and medicines were stored and administered safely.
- Information was available to staff, so they understood how and when to give medicines which had specific administration instructions. For example, when people were prescribed medication which needed to be administered at specific times, we found the instructions had been followed correctly.

### 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

There were no restrictions at the service and visiting was actively encouraged by the provider. We saw people spending quality time with the visitors in communal lounges, bistro area and in their own private rooms.

### Learning lessons when things go wrong

- Accidents and incidents were recorded and used to review the person's care and support.
- The registered manager had oversight of accidents and incidents to identify any emerging patterns or trends, which required further investigation.
- Staff told us any learning from accidents, safeguarding incidents and complaints was shared via handovers, supervision and daily meetings.



# 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.

At our last inspection we rated this key question good. At this inspection the rating has remained 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

- The provider had processes in place to make sure people's needs had been assessed prior their joining the service. The assessments considered the protected characteristics under the Equalities Act 2010 for example, people's needs in relation to their gender, age, culture, religion, ethnicity and disability. Care records had been reviewed and updated to reflect people's changing needs.
- People were actively involved in their care and the approach to risk was balanced with independence to maximise their control over their lives. For example, a person who used an electric scooter to mobilise independently around the home had been involved in completing their own risk assessment to ensure their safety and of those around them. They told us, "I look down the corridor to make sure it's safe to go. Staff have talked to me about it and there are rules (risk assessment) so I know I need to be careful as I could run someone over."
- Staff we spoke with were knowledgeable about people's day-to-day support needs. One person told us, "We all get on very well. They [staff] are very kind to me and they all know about my background."

Staff support: induction, training, skills, and experience

- Staff told us they felt supported by the management team and shared their personal journey of progression with the service with the encouragement of the registered manager. For example, a staff member explained how they had started working as a carer and now they were part of the management team.
- People we spoke with, and their friends and relatives, all told us they had confidence in the staff's abilities to provide effective, safe, and compassionate care. A friend of one person told us, "When my friend came here, they were unsteady on their feet and that has certainly improved whilst they have been here as the staff do encourage them to walk more and keep more mobile."
- The provider awarded staff for 'Going the extra mile' with a staff member being voted for by people living at the service, each month. The provider had an apprenticeship scheme which encouraged progression for those who wanted to.
- Staff told us the induction and training they received prepared them for their role. One staff member told us of the varied training they had received and the confidence this had given them.
- The staff we spoke with, or who provided written feedback, told us they felt fully supported, valued, and appreciated by the management team. They told us they had received regular supervisions. One staff member said, "Staff morale is good, we work as a team. We get training every year, like refresher training and the managers asks us questions about what we have learnt."

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

- The provider had won awards for their nutrition and hydration at Metchley Manor. The catering staff worked exceptionally hard to make sure people were provided with an excellent, varied choice of different foods to meet their individual needs. One staff member told us, "We have a new resident joining us who has a culturally specific diet. We are researching how we will provide this for them. It's been very interesting."
- Dietician referrals were minimal and the service's reliance on prescribed food supplements was low. This was because people's nutritional needs were met in a person-centred way and associated risks had been identified, reviewed, and mitigated.
- We saw people had an excellent choice of food and drink, received the quantities they wished for and could request food and drink at any time. The service recognised the importance of hydration. Hydration and nutrition stations were located throughout all 3 suites and people were seen to make their own drinks. This had seen a reduction in the number of urinary tract infections (UTIs) in people which if left untreated could lead to a person being admitted to hospital.
- The people we spoke with gave us positive feedback on the food provided. Comments included, "The food here is excellent, I have known a lot of 5\* hotels where the food is not as good as here. Everyone is always actively encouraging us to eat." "The food is excellent, always a good choice. I am diabetic and vegetarian and the Chef is aware of this and does meals to cater to my needs which really helps me."

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

- Staff understood the importance of working with others to maintain the health and wellbeing of the people who lived at Metchley Manor.
- We saw that people had access to a variety of health and social care professionals and appropriate referrals were made promptly as required. For example, Speech and Language Therapist for people at risk of choking.

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

- The environment met people's needs, was exceptionally clean and well-maintained throughout and provided people with choice in how they spent their day. One person told us, "It is beautiful (their bedroom). I can see all the trees. It is a beautiful building to look at and be in. My room is nice, light, and airy. It is at the back of the house, so it is nice and quiet."
- The home was separated into 3 suites, across 3 separate floors, including one for people living with dementia termed the Reminiscence Suite. We saw all suites met the needs of those living there. For example, for people living with dementia, there were objects to interact with and signage to help with navigation. The home was light and spacious throughout.
- There were multiple areas for people to use both inside and outside of the home. This meant people could spend time alone, with other people who used the service or to take part in activities. There was also a bistro café on the ground floor, where people could entertain visitors and loved ones.

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 meeting the MCA and records demonstrated this.
- Where people's capacity was in doubt, this had been thoroughly assessed through a robust, decision specific, mental capacity assessment. This process involved the person and where appropriate, family members. This included people who held legal authority to make decisions on people's behalf.
- Appropriate DoLS applications had been made and a robust process was in place to monitor when DoLS expired and needed new applications to be submitted.
- Staff knew the importance of gaining consent from people. One person told us, "I do not feel restricted. I have my own room and I can walk to the lounge or the diner." One relative told us, "They [staff] explain to [person] what they are going to do and sometimes [person] doesn't understand they [staff] explain again, they are very good."
- Staff had received mental capacity training. One staff member told us, "We offer people choices by showing them things and talking to them. Like we show residents show plates and apple and orange juice. They can make choices that way. We watch body language as well as some residents communicate that way. Another lady makes choices by looking at what she wants."

# 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.

At our last inspection we rated this key question good. At this inspection the rating has remained 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

- We found people were well cared for and the service put people's and staff wellbeing high on their priorities. This was evidenced with the service winning an award for the 'Best for Wellbeing' category at a recent care awards ceremony.
- People told us staff treated them with kindness and respect. Comments from people and relatives included, "I cannot speak highly enough about the staff here, they are very kind and thoughtful." "They [staff] are all absolutely caring. They [staff] have put together a picture book for [person] which is lovely and if [person] is getting upset or anxious they get this book out and ask them who people in the photos are and [person] calms down very quickly. If you watch the staff here, you will see them holding people's hands and talking quietly with them or laughing with them which is lovely to see."
- All staff received equality and diversity training and had read the appropriate policies. The registered manager confirmed staff demonstrated their knowledge through observations and people's feedback. For example, people could vote for staff who had 'gone the extra mile' in monthly staff awards.
- Staff spoke with kindness and compassion about the people they supported and told us they enjoyed their jobs. One staff member said, "People get good care. They live in a lovely atmosphere; we don't use any agency [staff] and we are really inclusive. A few weeks ago a drag queen visited us. It was amazing, people loved it. It was a really good way to embrace diversity, it's a big thing here."

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

- People had set up their own 'residents events committee', where they would choose what they wanted to do throughout the year. This ensured people were happy and felt included in the discussions and provision of their own care and support to make their own plans. People also hosted their own 'debate club' where they choose the topic for discussion.
- The service provided high quality, person centred care. People were actively involved in establishing what was included in their care plans. This meant care plans were person centred. They documented people's wishes and choices on how they wanted to be supported and included information about specific cultural, religious or personal needs where appropriate.
- The registered manager and staff team had a strong approach to providing individualised care, which promoted people's privacy and dignity. For example, people were supported with their personal care in their privacy of their own suite, instead of using the communal bathroom facilities.
- People's suites were individualised with personal belongings, photographs and their own telephone so they were able to maintain regular contact with their loved ones.
- Staff were seen to actively encourage people's independence. For example, people made their own

snacks in the kitchen with the support of catering staff. Some people wanted to assist with the laundry and domestic duties and received the support from staff to do this safely.

- The language used by staff and the provider was respectful and dignified. For example, the unit supporting people living with dementia was referred to as a reminiscence suite.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has changed to 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; 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 provider consistently went above and beyond people's expectations to provide bespoke and tailored services to enhance people's quality of life and well-being. People's well-being was at the heart of the provider's values and this shone through in how people were supported. Staff were exceptional and had an excellent knowledge of people's diversity, values and beliefs. The provider ensured people felt empowered, valued and listened to. One person told us, "[Staff] are incredible. They always have time to stop and chat and make sure we have everything we need."
- People received outstanding responsive care. This was attributable to the provider's approach to care which ensured people's needs of comfort, attachment, inclusion, occupation, identity, and love were always fully met. The provider had a great understanding of how the little things were the big things, for example, people were supported to carry on doing tasks they enjoyed and could identify with. This included washing up, peeling vegetables, folding laundry, knitting, buttering their own toast, making their own breakfast and vacuuming around the home. This approach had significantly helped people to continue with routines they enjoyed and had helped to reduce the use of anti-psychotic medication used to medicate people who may become anxious and upset.
- People felt empowered and staff ensured people had an enormous sense of identity and achievement. Nothing was too much trouble for staff to ensure people enjoyed their days. People's anxieties were lessened through meaningful engagement and personalised planning of their care. For example, one person loved gardening and had won (city name) allotment of the year for 2 years in a row. This person's passion and knowledge was celebrated and supported by the provider and they were given responsibilities for plants within the garden and were encouraged to provide advice to kitchen staff about the herbs that could be used for cooking. Another person had been a consultant before moving to Metchley Manor. Staff knew what how important this role had been and set up a writing desk and provided materials to help develop their passion.
- People had individualised care plans that were prepared with them to meet their needs. The provider used innovative methods of care and offered outstanding support to ensure they had an enhanced quality of life. For example, one person had been a chef before moving to Metchley Manor. The provider went to great lengths to recreate a similar experience for them at the home to support the head chef to create meals and dishes. The person was celebrated and took great pride in this role.
- People with advancing dementia were also supported to have meaningful experiences which reflected their physical, emotional and cultural needs. For example, staff provided [named] therapy which is a programme of care that includes multi-dimensional, including physical, sensory and emotional elements

such as massage and aromatherapy. This person centred approach helped to reduce periods of distress for people. People were welcomed to help around the service, for example, lay tables and help with the laundry and domestic duties. One person told us, "The activity co-ordinators work tirelessly to keep us doing things. I cannot think of any more activities than the ones they have on here."

#### 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.

- Staff and the registered manager were relentless in ensuring that people's information and communication needs had been assessed and were supported. People always had access to their glasses, hearing aids or any additional support they required.
- The registered manager had a great understanding of the Accessible Information Standard and was able to describe and demonstrate how the provider met people's individual needs. This included providing documents in larger print formats, if required. Picture cards were also available and successfully used for people that found this helpful.

#### Improving care quality in response to complaints or concerns

- People, relatives and staff were extremely positive about how the provider dealt with any feedback. One person said, "I feel involved in everything. The manager is always about and doing checks which is a good thing I see her out and about. She comes and talks to me to check things are okay for me. She has an open door, I could go and see her, she wants our feedback. If I was unhappy or wanted to complain, I would go to the front desk and tell the receptionist. I would demand to speak to the manager. I know there is a policy about that."
- Although there had been no current complaints made against the service, we saw there were processes in place to record complaints and monitor for any trends. A relative told us, "I have not had anything to complain about regarding my relative, but I do believe that they would be responsive and would want to deal with any complaint or concern as quickly and thoroughly as they can. They are very professional people whilst still being caring."

#### End of life care and support

- The provider had a great understanding of the importance of good end of life care which was personalised for each person. They worked with people, relatives and health professionals to make sure people were supported to have a dignified death. People's cultural and religious beliefs were respected and supported. For example, staff unfamiliar with a religious practise, researched what was required and prepared the person in line with their custom. This person centred approach meant all the essential preparations had been put in place, leaving the family with more time to grieve and spend time with their loved one at their time of death.
- The provider was working towards the Gold Standards Framework for end of life care. This is a model for good practice that enables a 'gold standard' of care for all people who are nearing the end of their lives. It is concerned with helping people live well until they die.

# 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. At this inspection the rating 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 provider's values were embedded throughout the service and we saw staff worked to these values at all levels. People were placed at the heart of the service and created a supportive, nurturing and inclusive environment for people to live and staff to work in.
- Engagement with people, their relatives and staff was high and people consistently told us how involved, and listened to, they felt in all aspects of the service. They told us the culture was positive, friendly, and exceptionally caring. One person told us, "It is like living in a 5\*star hotel here. We want for nothing."
- The service celebrated people's differences and the culture was wholly inclusive and celebrated occasions such as religious and cultural festivals, awareness days and events such as Pride. Pride is a celebration about the acceptance and equality of people from the lesbian, gay, bisexual, transgender and all other identities community and to raise awareness of the work that is still required to achieve inclusiveness and acceptance.

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

- The registered manager had continual oversight of the care delivered to people. The management team and staff were passionate about delivering a high standard of care. A governance and quality assurance system was in place that had been effective at ensuring people consistently received a high-quality, personalised service. One relative told us, "With [staff name] they have got the right person in the right role 100%. She is such a people person and she gets the best out of everyone. I don't know how she does it but I would like my team at work to work this well together."
- The systems in place demonstrated a strong framework of accountability and were able to show improvements had taken place because of regular monitoring and auditing.
- Audits had been regularly completed. The audits we looked at showed actions were regularly reviewed, completed, and demonstrated a clear line of accountability.

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

- The service demonstrated a high level of constructive engagement with people, their relatives, staff, and the local community. One staff member told us, "It's really good team work (at Metchley Manor). The culture is very open and inclusive and led by the managers. There are clear expectations and they (managers) remind us of their expectations at meetings. I have regular supervisions to talk about how I am and if I need



any further support. Everything we do here is for the residents."

- The people who used the service told us there were systems in place for them to engage and feedback to management about the quality of the care and support they received. People and relatives we spoke with also felt they could raise any issues or concerns at any time. One person said, "We are a family, it (Metchley Manor) is like a cruise ship just on dry land all the time."
- The service was involved and engaged with the local community. For example, local school children came to visit the home regularly.

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 demonstrated a full awareness of the duty of candour. Openness and honesty formed part of the service's values. They described the duty of candour as being transparent and admitting mistakes when things went wrong.
- The registered manager understood their regulatory requirements, they were knowledgeable on legislation and regulations. The registered manager understood their duty to notify CQC of events in the service, records confirmed this had been done appropriately.
- Staff confirmed incidents were discussed with them and reflective practice was used for continuous learning

Working in partnership with others; Continuous learning and improving care

- Staff told us they received continuous training to ensure their learning, skills and knowledge were up to date to support people.
- The registered manager and staff understood the importance and benefits of working alongside other health and social care professionals to promote the health and wellbeing of people.
- There was good support and input from health and social care professionals, where appropriate, to ensure people received person centred care to meet their individual needs.