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Casa Mia Care Home

Inspection report

Casa Mia Cleobury Road
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14 July 2016

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection was unannounced and took place on 12 and 14 July 2016.

Casa Mia is registered with the Care Quality Commission to provide accommodation and personal care for a maximum of 25 people with mental health needs or with learning disabilities. There were 25 people living at the home on the day of the inspection. There was a registered manager in place who is also the registered provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from harm as staff knew how to protect them from abuse. Relatives told us that people were supported when required and they were happy with the support people received.

People received their medicines in a way that kept them safe. Staff had received medication training and there were arrangements in place for managing people's medication.

Staff had been recruited following the appropriate checks on their suitability to support people living in the home. Staff were available to meet people's needs promptly and they demonstrated good knowledge about people living at the home. Staff received training to provide appropriate knowledge to support people and staff felt supported by the registered manager and management team.

Care and support was provided to people with their consent. Staff understood and recognised the importance of this. We found people were supported to maintain a healthy lifestyle through diet and exercise. People had access to healthcare professionals and were supported to attend appointments. Staff showed knowledge of people's health needs and their relatives were informed of any changes in their family members' health and support.

People and relatives consistently praised staff and the provider and the support they provided, which they described as 'excellent.' People demonstrated to us that they valued their relationships with the staff and relatives told us they felt valued and supported by staff too. Relatives told us there were no restrictions on when they could visit and they were always made welcome by staff and often enjoyed meals their family members.

People were supported to do the things they enjoyed and maintain links with family and friends and the local community. People and relatives told us care was provided focused on people and took account of their individual needs and preferences. People had developed in confidence because of how the staff cared for them and we saw people had a sense of purpose. People chose how they spent their days in their home and what they wanted to do and were encouraged to engage in their personal interests and the activities they enjoyed.

People and relatives knew how to make complaints and told us they would speak to staff and the provider about any concerns. The provider advised that any concerns were picked up and dealt with immediately.

People, relatives and staff were all complimentary about the service provided. The provider demonstrated clear leadership. Staff were supported to carry out their roles and responsibilities effectively, so that people received care and support in-line with their needs and wishes.

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.

People received support from staff to help them stay safe. Staff knew how to recognise risks and report any concerns.

People were supported by sufficient staff to meet their needs and provide support in a timely way.

People were supported by staff to take their medicines when they needed them.

Is the service effective?

Good ●

The service was effective.

People received care from staff who were trained in their needs and were well supported by management.

People liked the food they received and were supported to access health professionals to ensure health needs were managed effectively.

Is the service caring?

Outstanding ☆

The service was caring.

People and relatives consistently praised staff and the provider and the support they provided. Relatives said staff went above and beyond in providing support and care to people with dignity and kindness.

People and relatives valued the positive relationships they had with staff. Relatives were free to visit whenever they wanted and felt welcomed and supported by staff too.

Is the service responsive?

Good ●

The service was responsive.

People were supported to do the things they enjoyed and

maintain links with family and friends and the local community. Staff provided care that focused on people and took account of their individual needs and preferences and offered people choices.

Staff were knowledgeable about people's care needs, their interests and preferences in order to provide a personalised service.

Is the service well-led?

Good ●

The service was well-led.

People had been asked about their views and quality checks were in place to review the service provided.

Staff told us they were supported by the registered manager and provider and felt able to approach them with any concerns they may have.

Casa Mia Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection which took place on 12 and 14 July 2016. The inspection team consisted of one inspector. The provider had completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We used this information to focus our inspection.

During our inspection we spoke with seven people who lived at the home and 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 also spoke to three relatives and one healthcare professional who was visiting the home on the days of our inspection and one relative by telephone. We spoke to the registered manager and provider, the deputy manager, four members of staff, the chef and one member of the domestic staff.

We looked at records relating to the management of the service such as the care plans for three people, accident and incident records, compliments and complaints, medicine management for three people, staff and residents meeting minutes and three staff recruitment files.

Is the service safe?

Our findings

All seven people we spoke with told us that they felt safe living at the home. We saw that people were relaxed and looked happy in the company of staff supporting them, which indicated they felt comfortable with staff. One person told us, "[Staff] keep me safe and sound." We spoke with four relatives all of whom confirmed they felt their family members were safe at the home. One relative commented, "I have peace of mind, I never have to worry about them, I know they are safe here."

Staff we spoke to confirmed they had attended safeguarding training and had a good understanding of the different types of abuse. Staff were confident people were treated with kindness and stated that they had not had reason to raise concerns but were able to do so with the registered manager if they needed to. They said they were assured that action would be taken as a result. They were also aware of external agencies they could report concerns to if they needed.

People told us they talked with staff about how to best stay safe. People's risks were known by all staff we spoke with. They told us the risks to people's health and safety in the home and how they supported them both with their physical and emotional care needs. Staff told us they discussed people's wellbeing and safety needs at handover meetings. Plans were in people's care plans and staff told us they would look at these if they needed to. We saw that care plans were updated to reflect any changes in a person's care or level of risk.

We looked at how the provider and deputy manager assessed the levels of staff they required to keep people safe. One person told us, "Staff are there when you need them." We saw staff spent time individually with people and they responded promptly to people's choices and care needs. The provider and deputy manager told us, and staff confirmed that if there was an increase in the amount of support needed by people then the staffing would be changed to respond to this. One member of staff told us staffing had been increased when one person was unwell and needed extra support. They said, "There are enough staff but it's flexible based on people's needs."

We checked the recruitment records of three staff and found the necessary pre-employment checks had been completed and that staff were only employed after essential checks to ensure that they were suitable to carry out their roles. Staff had a Disclosure and Barring Service (DBS) check in place. A DBS check identifies if a person has any criminal convictions or has been banned from working with people in a care setting. These checks helped the provider make sure people living at the home were not placed at risk through their recruitment process.

We saw that people received help to take their medicines as prescribed. One person told us they got their medicines when they needed them, "I get my medicines at 9am each morning." There were arrangements in place for managing people's medication. Staff administering medication had received training. Staff showed us they understood the reasons when to give people medicine to meet their needs and that they followed written guidance. People could choose where they took their medicines. We saw that some people took medicines within their own rooms whilst a medication room was available and some people chose to

take their medication there.

Is the service effective?

Our findings

All people and relatives we spoke with felt staff had the knowledge to support people with their needs. They explained to us how they felt staff were well trained which meant they knew how to support them well. One person commented, "Staff know what they are doing." One relative told us they felt staff had the right training to support their family member, they said, "It's the right skill set."

Conversations we had with staff showed that they had a good understanding of the people they supported. Staff told us training enabled them to do this, for example autism training gave skills in recognising and enabling people to follow the routines that were important to them.

Staff told us they felt training helped them meet the specific needs of the people they supported. For example, one staff member said training had been centred on people living at the home. One member of staff told us how they had put epilepsy and first aid training into practice when supporting one person who became unwell. They told us training had given them the confidence to know they were doing the right thing. All staff we spoke with felt supported in their work and that the provider was responsive to training requests. Staff told us the provider gave a monthly list of training to which they could sign up. Training requests were also discussed in supervision.

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

Staff understood the importance of obtaining people's consent when supporting them. We saw staff asking for people's consent before providing support and when one person refused support the staff member respected this and said they would come back later to check again. Three members of staff told us that all people were able to give consent about their care and treatment but they still looked for facial expressions and hand gestures which also enabled people to communicate choices.

People told us they chose how to spend their day and where they liked to be. We saw people go out to the local shop or for a walk. One person told us, "I choose how I spend my day. I can stay in or go out whenever I want." Another person told us, "I like to stay in and watch TV because that's what I enjoy." One member of staff said, "We respect them and listen to them. We are here to help them, not make them do things."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that the provider was aware of their responsibilities and that staff had received training. The deputy manager told us that three members of the management team were currently on a training course to improve their knowledge, which they would then share further with staff.

Three people we spoke with told us that meals were very good and they enjoyed the food. They told us that a choice was always offered. One person told us, "The food is fantastic, there's always a choice and if you don't like anything they'll get you something else. There are lots of fresh fruits and milkshakes which are great."

We saw a lunchtime meal where people arrived when they wanted and chose which table to sit at. People enjoyed sitting and chatting with other people at their dining table. People were offered a choice of meals and condiments and sauces were available for people to season meals to their own particular taste.

We spoke to the chef and they told us they met with people when they first came into the home to discuss their likes and dislikes. They also walked around the dining room during meal times to get feedback on the meals directly from people. The chef was knowledgeable about people's preferences and dietary needs. For example, if people were losing weight and required a specialist diet. One person told us they had been supported to celebrate a religious festival, they said, "[Staff member] made me a special meal, I really enjoyed it." Another person told us the chef had baked them an, "Absolutely beautiful cake," to celebrate their birthday. We saw that people were supported to have access to a choice of drinks and snacks throughout the day.

People's healthcare needs were met. We saw that people were supported to access healthcare professionals, for example their doctor and dentist. One person told us, "I get to see the doctor when I need to." Another person told us, "When I feel unwell they make an appointment at the doctors." People told us they were happy with the actions taken by the staff in monitoring their healthcare needs. One person told us, "They [staff] support me to see my doctor. The doctor tells me I am doing well and getting better which is good." One relative told us, "Medical support is very good, they are very responsive and advice is sought very quickly."

Is the service caring?

Our findings

All the people we spoke with consistently praised staff and told us they had developed good relationships with them. One person said, "I am very, very happy. All the staff are fantastic. I absolutely love [staff member's name], she means the world to me." Another person told us, "I like it, they [staff] really care for me." We saw staff joking with people who responded by laughing and smiling. One person commented, "The staff are all so very kind, they do so much and I really appreciate it. That's why it works here. It's a real home; we are all one big family."

All the relatives we spoke with praised both staff and the provider for being caring; they told us they felt staff went, 'Above and beyond'. One relative told us of the support the provider and staff had given one member of their family when they were unwell and visited the home. They told us staff not only offered support but had provided care for them too. They told us they really appreciated that staff understood the situation and offered support in a caring way. One relative told how staff often worked over the end of their shift. They said, "They don't have to do that but it's just what they do. They go over and above, it's the small things that add up and mean so much and show how much they care."

One relative told us staff had supported their relative to attend a family event. They told us it took a lot of planning and preparation for staff, who accompanied the person to the event. They told us, "It was so important for them to be there and staff made it possible. They didn't have to do that. The whole family really appreciated it." Staff also told us of another occasion when they had supported a person to a family event, they told us, "All the hard work was worth it to see the look of pride on their face."

Another relative told us their family member had recently been unwell, they told us staff provided, "Fantastic care." They commented, "I don't know how they managed it, it's the first time they have recovered so quickly. It's down to how they nursed them and care for them." They said, "It was so lovely, staff were so excited when they were well again they phoned us and were genuinely excited for them and asked if they could bring them see us." They told us healthcare professionals they met with were pleased with the progress their family member had made.

We also saw staff showed the warmth of touch which was important to people. For example, we saw many times of when people needed and or wanted a hug and this was provided. One relative said, "I absolutely love this place and all the people in it. What I like is my [person's name] is getting what they need. They are getting more affection now than they have ever had." They went on to say, "Without exception every member of staff is affectionate."

Another relative told us, "Staff go to so much trouble, they are so caring and patient." They told us routine was very important to their family member and they gave an example of the support staff gave to their relative, "Staff care so much and with their support they are getting better. ...there's big improvements for him."

All the relatives we spoke with told us whenever they visited, they were always offered a drink and could

have a meal if they chose to and we saw this happened. Two relatives told us all staff were caring towards relatives too. One relative said, "Sometimes I come in at the end of my tether and they support me too." They went on to say, "One day I visited and I got upset. [Provider's name] was great. They supported me and made me feel better. They gave me their time."

Relatives told us of the family events that were held such as Halloween and Christmas parties. One relative said, "The Christmas party is fantastic, [provider's name] puts on an incredible party all paid for. Everyone gets together and really enjoys it. They want what's best for people."

Relatives also told us they all appreciated the confidentiality staff afforded them. Relatives told us they had to discuss some difficult topics but they felt they could trust staff. One relative commented, "I trust the staff, I tell them they are doing fantastically." Another relative said, "I trust them, I've said things privately, there's no loose lips." They went on to say, "They are so warm and inviting, I feel I can just chat freely."

We saw that a homely atmosphere was promoted and people had a sense of purpose. For example, we saw one person collected people's meal choices for lunch; we saw from their facial expressions and body language how much they enjoyed doing this. Another person laid the tables and made drinks for lunch, they told us they enjoyed helping and keeping busy.

We saw that all people were encouraged to remain independent. People were encouraged to make their own drinks and complete domestic tasks such as cleaning their room and doing their own laundry. We saw staff gently encourage people, for example, asking people if they could help other people tidy up after lunch. One relative said, "Staff encourage [the person] to remain independent, they encourage them because they would easily give in. They do keep trying with [the person]." The provider also had a training kitchen which was used to help people maintain their cooking skills.

We saw examples which promoted the values of personalised care and treating people with dignity. We saw staff talked to the people about their hobbies and interest. We saw one member of staff have a very detailed conversation with one person. We saw the person was pleased as staff showed an interest. All staff showed an interest in people, we saw one of the domestic staff ask two people about their visit to the gym and they asked them about the progress they were making. We also saw staff talk to people about news outside the home. We also observed staff talking to people about their families and family events which they knew was important to the person.

People were involved in the planning of their care and support. People told us support was provided the way they wanted. One person said, "The care I get is the way I want it." Another person said, "Everybody here gets the help they need. They [staff] always do things the way you want." Staff took into account people's individual needs and responded accordingly.

Staff told us the provider had a clear vision of care and put people at the heart of everything. One member of staff said, "I can see their vision, it's shared with staff and we are all working with them to achieve it." Another member of staff said they admired the approach of the provider. They said, "They put everything back into the home. Everything they do is for the people here. They put them first every time." A third member of staff said they were motivated by the provider to ensure good care, they said, "I like working in a forward thinking home."

Staff spoke warmly about the people they supported and provided care for and said they enjoyed working at the home. One member of staff said, "It doesn't feel like work, I feel privileged to work with these people. I feel like I leave one family at home and then come to my second family here." Staff commented that the support benefited from being given by a consistent staff team. They said this allowed them to really get to

know people, one member of staff told us, "It's important to get to know people well and gain their confidence."

The home was being extended to provide more beds and additional facilities. People told us they were excited about the changes and told us they had been involved in the planning. People told us they had been part of the discussions and planning on what the new extension should include. For example, one person said they would like a snooker table and that had been agreed. Another person told us they had asked to do the accounts for the new café. They told us they were excited as they loved numbers and were keen to get involved. A third person told us they were going to be in charge of the gardens. The provider had put a plan of the new extension up for people to see and people had also been involved in choosing paint colours.

Staff were knowledgeable about the care and support people required and gave choices in a way that people could understand. We saw that staff understood the different ways that people expressed how they felt. For example when one person's body language changed when they became anxious, this was immediately recognised by staff who were able to provide support.

Throughout our inspection we saw that staff asked a person's permission before supporting them and that staff recognised the importance of not intruding into people's private space. People had their own bedroom to which they could go whenever they wished or a quieter area of the home.

The privacy and dignity of people was supported by the approach of staff, we saw staff asking people before entering their room and supported people in a discreet way. We saw that staff were respectful when they were talking with people or to other members of staff about people's care needs. For example, we saw that when staff spoke to each other regarding care they stepped out into another private area.

Is the service responsive?

Our findings

All people spoke positively about the individual care they received. People told us how the support they received had a positive impact on their wellbeing. One person told us, "I was unwell when I came; they [staff] offered the best opportunity to get better. I am so much more confident now.Everything is falling into place for me here." They went on to say how they rated the service, "Very highly indeed because of how well related it is to me." Another person told us of the support they needed from staff. They said that the home suited them and staff were always there when they needed them and commented, "This home is me! I've got everything I want and need...I couldn't ask for any more."

All relatives also praised the progress their family member had made in response to the personalised care provided. One relative told us, "I can't speak highly enough of the care here. They [people] are all individuals. They [staff] try things out, they find what works." They told us this involved trying different ways to support people over a long period of time, to respond to people's individual needs and help them achieve their goals. They told us of the progress their family member had made. They said, "We can't believe how far [family member's name] has come and the progress they have made."

One relative gave an example of how staff responded to their family member when they became unwell. They told us they worked together with the home and discussed the best ways to support their family member. They told us their family member responded to staff support and had made progress. They said, "We were all so pleased, including the staff."

One person told us when they came to Casa Mia they were reluctant to take medication, but staff had worked with them and over time they realised the importance of taking their medication. They said, "Staff encouraged me. They explained why it was important. I understand now." They went on to tell us their health had improved and they were feeling better. We saw examples of how staff had sourced appropriate services to support people. For example, a specific dentist was used for one person who didn't like visiting the dentist. The dentist played relaxing music and built up trust with people over a period of time and had successfully provided dental care.

People told us and we saw that they got to do things they chose and enjoyed which reflected their personal interests. Two people told us how they were supported to attend a gym to stay fit which they really enjoyed. We saw records of where people had enjoyed a range of activities out of the home from group activities and trips to individual visits to the shops. People also attended community events in the local village hall such as film nights and a tea dance. One person told us how much they enjoyed visiting the shops, as this was their favourite pastime.

People also enjoyed activities in the home. The home was expanding and an extension was being built in the garden, this meant that a range of facilities were not currently available to people, for example, a bird aviary and vegetable plot. However people told us they enjoyed using them when they were available and looked forward to using them again. One person told us how they enjoyed gardening. They tended the home's vegetable plot, however as this was not currently accessible they had a small garden area which

they said they enjoyed looking after. One person told us they did not like joining in group activities but they had tried fishing and now really enjoyed it. They told us they were supported by a member of staff who they described as, "My fishing buddy." They told us it gave them chance to sit and chat together.

People we spoke to felt that the staff knew them well. One person told us, "Staff have a way of knowing what I want before I even ask." We saw that when one person showed signs of becoming anxious staff recognised this and responded by offering reassurance and talking about things they knew would help settle the person. We saw the person become less anxious and chat with the member of staff. We saw how people were feeling was also recorded on care records to pick up trends and take action.

Staff told us people had opportunity to visit the home and enjoy a meal with people before moving in. One member of staff said, "Good thing here is people get to visit four or five times before they move in, that way they get to know us and we get to know them. It makes moving in a lot less stressful for people." Within people's care records we saw an assessment of people's needs and care plans. The care plans provided guidance for staff to support the person with information on people's personal history and medical history. Care records also showed if people were happy to talk about these topics with staff. Staff told us the care plans held up-to-date and useful information but felt the best way in getting to know people was talking with them.

People told us they were involved in reviews of their care and they felt listened to. Records showed people were asked what was working and what was not working. One person said, "[Staff] ask me at reviews but I wouldn't change anything." Another person said, "Staff always ask my opinion." All relatives we spoke with told us they were involved in their family members care reviews with their family members consent and felt listened to and that actions were then taken. Relatives we spoke with told us communication was good and staff let them know when things changed in their family member's health. One relative told us, "[Family member's name] has a family that care for them. It's important that contact remains." They told us they felt staff appreciated this and supported them in keeping contact.

We spoke to a health professional who was visiting the home on the day of our inspection. They were complimentary about the provider and told us communication was very good. They told us staff were very knowledgeable about people and that they always followed advice given to support people's health and wellbeing. Another health professional we contacted told us the service was responsive. They advised they had undertaken a number of reviews at Casa Mia which were very positive regarding the placement and the care that was given.

Staff were able to tell us about the level of support people required, for example, people's health needs and number of staff required to support them. We saw staff shared information as people's needs changed, so that people would continue to receive the right care. This included information shared at staff handover, where the support required for each individual people in the home was discussed.

People said they felt able to complain or raise issues should the situation arise, however people we spoke with told us they had no complaints and had not had to raise any issues since arriving at the home. One person said, "I've no complaints but I would talk to staff if I did," and, "They [staff] sort anything you ask for." Staff told us that they would talk with the provider if they had any concerns and they were confident that action would be taken in response. They told us they had not had reason to raise concerns. We saw that no complaints had been received during the last twelve months, however the provider told us they would look to take any learning for improvements if a complaint was received.

We saw that residents' meetings were held. We saw that people discussed the changes taking place at the

home and were reminded of how to raise concerns if they had them. People were also asked about any changes they would like and these were noted for action and followed up.

Is the service well-led?

Our findings

We saw there was genuine warmth between people and the provider as they smiled and laughed and talked. All the people we spoke with told us they were happy living at the home and it was well run. One person said, "I love it here, what more could I want." Two people told us they had lived at the home for a long time and were so happy they planned to never leave.

All relatives also spoke positively of the service. One relative said, "It's a lovely, lovely home. The best I've ever been to." Another relative said, "It's brilliant.we [the entire family] are so, so happy with the care."

Staff we spoke to said that the home was well run for the people that lived there, one member of staff told us they rated the service as, "Excellent." They said, "I feel very proud to work here and be part of it. It's the attention to detail. Attending people's specific needs and understanding people; that is what makes it so special."

Staff spoke positively about the management of the home and the support they received. They said it was a family owned business and the provider and their family frequently popped in to offer support. All staff told us they felt listened to and supported by management. One member of staff told us the providers were, 'Amazing' and said, "I don't ever see myself working anywhere else."

One staff member told us how the provider had arranged flexible working to suit their personal circumstances at that time and this had showed the provider cared about the staff who worked for them. They told us they really appreciate the providers support and said, "It's great to know I've got someone to talk to." We spoke with the deputy manager, they told us they felt supported by the provider and could always ask for help and advice. They said, "The provider is very supportive, you only have to ask for something and it's there."

The provider felt that all staff worked well as a team and provided the structured support that was required. Staff we spoke to told us that they had regular supervisions and also attended staff meetings. A member of staff told us the meetings provided a good opportunity to discuss any issues or changes. They told us 'I can ask anything I want to or feel I need to.'

People's incidents and accidents had been recorded and reviewed. The information had been used to review the support offered and if any actions could be taken to reduce a reoccurrence or if further support was required, For example, adaptations made to people's room, to reduce the risk of falls.

The provider had systems in place to check and review the service provided. They advised that being on site and daily checks by the deputy manager who worked 'on the floor' meant any issues were picked up immediately. For example, when one person was anxious, the deputy manager had arranged a meeting with them and a member of staff to discuss the best way forward. The provider also sourced yearly external checks to ensure systems were working effectively.

The provider told us they subscribed to a service which kept them updated on any legislation changes and information. The management team also attended training to maintain their knowledge. The deputy manager told us they attended all training courses before staff to ensure it was effective training. The provider used their skills and knowledge to enable them to drive improvements. They had a clear plan of the development of the service, including the expansion of the service to include new facilities and a new manager had recently been appointed in recognition of the increase in the size of the service.