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# Casa Mia Care Home

## Inspection report

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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?

Good 

# Summary of findings

## Overall summary

About the service: Casa Ma is a residential care home that was providing personal care to 36 people at the time of the inspection.

People's experience of using this service:

- People were at the heart of the service. The provider's philosophy, vision and values were understood and shared across the staff team. People were supported to maintain their purpose and pleasure in life.
- People received care which was highly responsive to their individual needs. Staff had an excellent understanding of people and ensured this was used to provide exceptional individual care which took account of people's life histories
- The provider and staff team were passionate about providing high quality care tailored to people's individual needs and preferences. Staff invested time to understand the experiences of people who lived at the home.
- People told us they had formed excellent relationships with the provider, staff team and other people who lived at the home, built on trust and respect. People contributed to the running of the home and were listened to.
- People were supported to maintain relationships with people important to them. Visitors were welcomed at the home and were encouraged to be actively involved in people's lives.
- People, relatives and staff agreed the service was extremely well managed and Casa Mia was an exceptionally caring home. Everyone consistently praised the skills of the management team and emphasised they were motivated to provide an exceptional service.
- The provider ensured care was based upon good practice guidance. Exceptionally good governance was embedded into the provider and registered manager's processes. This ensured people received people received a highly effective service which put them at the heart of their care.
- The home had a vibrant and welcoming atmosphere where visitors were welcomed and encouraged. There were processes to monitor the quality and safety of the service provided and actions were taken to drive continuous improvement for the benefit of the people who lived there.
- The staff provided a flexible care approach and people were empowered to decide how and when their care was provided. People, relatives and health professionals told us the care provided was effective and people experienced positive outcomes. People and relatives told us staff were empathetic and gave compassionate care.

- Staff understood their responsibility to safeguard people from harm and had a good understanding reporting concerns both within and outside the home. Where risks associated with people's health and wellbeing had been identified, there were plans to manage those risks.
- Risk assessments ensured people could continue to enjoy activities as safely as possible and maintain their independence. Staff had a good knowledge of how to support people at these times.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Staff with a range of skills were available at the times people wanted to receive support, in all aspects of their lives. Staff had received training so people's specific care and support needs were met, and we saw training was put into practice.
- Staff told us the provider proactively ensured they had many opportunities to further develop their skills and knowledge. Staff felt supported and valued by the provider and they prided themselves on providing high quality care.
- People received a nutritious diet, had a choice of food, and were encouraged to have enough to drink. The provider and staff team worked closely with external healthcare professionals to ensure people's health and wellbeing was promoted and maintained.
- Wherever possible staff supported people to retain responsibility for their own health. Medicines were managed so that people received their medicines as prescribed.

Rating at last inspection: Good. Report published September 2016

Why we inspected: This was a planned inspection based on previous rating.

Follow up: Ongoing monitoring

## 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 Safe findings below.

Good 

### Is the service caring?

The service was exceptionally caring

Details are in our caring findings below.

Outstanding 

### 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 

# Casa Mia Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

Inspection team: One inspector, an assistant inspector and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in mental health care.

Service and service type: Casa Mia is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

#### What we did:

Prior to the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse and serious injuries. We sought feedback from the local authority, clinical commissioning group and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with nine people and two relatives to ask about their experience of the care provided. We spoke with four members of staff, the deputy manager, the registered manager and the providers. We also spoke with one health and social care professional who regularly visits Casa Mia.

We reviewed a range of records. This included two people's care records and a number of medication records. Records were reviewed, in relation to training and supervision of staff, the management of the home and a variety of policies and procedures developed and implemented by the provider.



## Our findings

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

Good:  People were safe and protected from avoidable harm. Legal requirements were met.

### Safeguarding systems and processes

- People were kept safe and knew who to raise concerns with if needed. One person told us, "I am comfortable with everyone."
- The registered manager and staff knew how to recognise and protect people from the risk of abuse.
- The provider's policies and procedures provided staff with guidance and steps to take to keep people safe.

### Assessing risk, safety monitoring and management

- People were encouraged and supported to take positive risks to support their well-being and independence. Where people needed, staff supported them to maintain their safety to manage those risks.
- People's identified risk had been recorded and documented for example associated risks with any physical needs.

### Staffing and recruitment

- There was a low staff turnover and people were supported by enough staff to meet their physical and social needs. One person told us, "Yes I feel supported, there's one to one staff and its always been the same staff."
- People were involved in the recruitment of staff, which included interviewing and providing new staff the option of having a 'taster' shift. People were able to actively decide which staff worked at the home.
- Staff told us before working at the home, checks were made to ensure they were suitable to work with vulnerable adults.

### Using medicines safely

- Staff worked closely and creatively with people, including people who may lack capacity to make decisions about medicines. People were then involved in the management and administration of their medicines.
- People were supported, and staff looked for new ways to promote independence. This included supporting people to manage their own prescribed or over-the-counter medicines and continually assessing this with people to ensure they remained able to do this. One person told us, "Yes, they help me with

anything I need. Medication and living skills."

#### Preventing and controlling infection

- People told us the home environment was clean and their rooms were kept clean by them or with staff support.
- People had the option to wash their own laundry or have staff do this on their behalf. There was a separate laundry area to the main laundry to promote independence.

#### Learning lessons when things go wrong

- Staff had completed reports where a person had been involved in an incident or accident and reported to the management team. Lessons learned from each situation had been recorded such as, replacing flooring and installing automatic lights in the bathroom, or referrals to other health professionals.



## 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.

Good:  People's outcomes were consistently good, and people's feedback confirmed this.

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

- People had shared their needs and choices with the management team before moving to the home. The management team checked people's preferences and the care they required, to assure themselves they could provide the care needed.
- Staff said the information contained within people's assessments supported them to provide care to people based on their preferences at the time people moved to Casa Mia Care Home.

Staff support: induction, training, skills and experience

- People were supported by staff who understood their needs and how they liked their care to be provided. One person told us, "They certainly do help me. They're on the ball to help get me sorted out."
- Training courses for staff had been completed and staff used reflective groups to further understand people's health conditions better.
- Staff told us they were supported in their role with structured, routine staff meetings and individual discussions with the registered manager. This gave staff opportunities to talk about their responsibilities and the care of people living in the home.

Supporting people to eat and drink enough with choice in a balanced diet

- People's mealtimes were not rushed, and people chose to cook their own meals or eat in the dining room.
- People were supported to access food and drinks in line with their needs and choices. One person told us, "The food here is excellent. Casa Mia has a full-time chef and a professional kitchen."
- Staff sat with people to offer support where people required assistance with their meals, and to manage any associated choking risks.

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

- People received support from in house professional teams which included occupational therapy, physiotherapy and clinical psychology. The provider also purchased psychiatrist input. The support provided increased people's confidence and independent living skills.

- People were supported to attend health appointments, for example, with their GPs, mental health specialists and speech and language specialists.

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

- People were involved in decisions about the premises and environment and individuals' preferences, culture and support needs were reflected in adaptations of the environment.
- There were many communal areas to choose from, including a coffee shop, lounges, games rooms and art and crafts studios.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, and whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- DoLS applications had been made to the relevant Local Authority where it had been identified that people were being deprived of their liberty.



## Our findings

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

Outstanding: □ 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; equality and diversity

- People's wishes and needs were central to life at the home. People told us there was a culture of celebrating their unique lifestyles and personalities. This caring approach ensured people's needs were exceptionally well understood by staff and people knew they mattered as an individual.
- The inclusive ethos demonstrated by the staff was evidenced by a person who had recently moved in. The person had initially been unable to express their needs and was experiencing heightened anxiety, due to their previous life experiences. Staff developed a unique strategy so the person was empowered to be open about their needs. This meant the person had successfully settled in to the home and was enjoying a non-institutionalised lifestyle for the first time. They told us, "I love the staff and am very happy and the [owner] is my best male mate." It was evident the person had developed close bonds with the staff and addressed staff in terms of affection which reflected how trusting the relationships now were. One staff member told us, "All they needed was love and attention, so they knew they were important and respected as a person."
- There was a culture of fostering kind and supportive relationships between people living at the home. One person told us, "The peer support is amazing and we look after each other."
- Staff and management were fully committed to ensuring people received the best possible care in a loving and compassionate way. Another staff member gave us an example of where, prior to moving in, a person had been depressed and no longer valued themselves. The staff team showed their commitment to provide exceptional care. This approach had led to the person feeling safe, valued and listened to. Through staff support, the person had gained a sense of purpose and the self-confidence to be involved in projects within the home, take pride in themselves and enjoy trips out.
- One person expressed their individuality and their outlook on life in the way they dressed. Staff had no hesitation in empowering the person to express themselves and supported them to feel comfortable to spend time in the community without the fear of rejection. One relative told us, "I have never seen my [relative] so well since they lived here. The care is brilliant."
- Staff gave us an example of how they had sensitively supported one person who had to make a significant choice in their life. The person had been supported to focus on their wishes, whilst maintaining relationships with their family.

- Staff were highly motivated and passionate about the care they provided to people living in the home. Staff acted professionally, although we saw they were not afraid to show love and affection, for example, by hugging people, when people needed it. One person told us, "They are wonderful people [staff], always there with care and attention." Their passion was echoed by the management team, who described people and staff as "Family".
- The paintings on display in the home had been created by people and clearly showed they loved their life living at Casa Mia. Photos and art work reflected the different interests of people living at the home, their diverse cultures, and emphasised their joy and sense of belonging.
- Staff had developed an exceptional understanding of the people they supported, and the management team ensured people were matched with staff who shared their interest and personalities. This provided enhanced opportunity for people to reconnect to their past and enjoying increased well-being. One staff member told us they used their knowledge to inspire a person to rediscover a love of fishing. The staff member told us, "We have a 'can do' attitude, if they ask for it, we will do everything we can to do it."
- The warmth of the conversation between people and staff made the everyday tasks a shared and enjoyable experience. Staff reached out to people when they passed them, either by a friendly word, for example, "You are looking well, how are you doing?", or by a reassuring gesture or gentle touch of the hand.

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

- There was exceptional commitment to involve people in making decisions about their daily lives and care. People lived their lives as they wanted. People had as much support as they individually desired. This ranged from full physical care, to support with mental health. A strong feature of this was people's rehabilitation workshops. These provided supportive and inclusive opportunities for people to consider how they wanted to move forward with specific areas of their lives. People had access to professional support to further assist them to make informed decisions about their care. One person told us about this caring approach and said, "All of it keeps me well and I have an objective every day."
- People told us they led enhanced lives as their decisions were listened to and supported. People gave us examples of the choices they made on a daily basis. These included how they spent their time and the enjoyable things they chose to do. One person decided they wanted support to reorganise things in their room and staff invested time to do this with the person. The person told us how happy this made them feel, and the support provided meant they could continue to do something they enjoyed.
- Staff understood the importance of people's views, preferences, wishes and choices being respected. One person told us they had decided to have a "Pyjamas day", however, staff were considerate and regularly checked to ensure the person remained comfortable.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were exceptionally skilled at promoting their independence and helping them to grow and prepare to move on to more independent living. One person explained they were being assisted to develop their life skills and told us, "I've got my own room and I can do whatever I like, and I clean up after myself." Another person told us, "I have my own kitchen and I do my own food shopping".
- People gave us examples of where staff had worked sensitively so they knew they were respected. People told us staff worked proactively to promote their privacy and dignity. One person told us, "People don't enter my room, and that's important to me".
- People were free to express their views, with support when needed, in an inclusive and accepting home. We saw staff were polite and respectful and ensured people's human rights were upheld.



## Our findings

Responsive – this means we looked for evidence that services met people's needs

Outstanding: □ Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People benefited from receiving highly personalised care which reflected their unique needs and preferences. Staff gave examples of the creative ways they worked to involve people to drive decisions about their care. People were proud to share their experiences of how they had benefitted from the positive choices made to improve their wellbeing.
- Staff had taken time to make sure they understood people's past and how this affected their current goals. Staff supported people to 'make their dreams come true'. People had therefore experienced trip's aboard to visit their place of birth, having their hair dyed a particular colour, and attending concerts, (where the provider had ensured front row seats).
- To reduce people's anxiety, the provider employed a phycologist who had worked with each person to develop an interactive way to identify their feelings. This included a life-sized outline of the person who then marked the areas of the body where they felt their anxiety started. This was then used to produce a smaller scale care plans, which expanded to include any professional support people wanted. People were then assisted by staff, who understood each individual person, and the exact action required to minimise their distress. This enabled people to recover as quickly as possible. Staff explained this had reduced the need for hospital admissions.
- People's goals were clearly defined within their care and support plans. People and staff recognised through regular reviews when people's aspirations were achieved. People told us this inspired them to plan additional goals. For example, to successfully live a more independent life.
- The management team were proactive in accommodating people's wishes so they were able to have a good quality of life and remain at the home. This included when a person declined a particular type of care; they worked together with staff to find a suitable alternative. This included purchasing new equipment and enhanced staff training, so the person continued to receive care as they wished, based on their preferences.
- A visiting health professional told us how impressed they were with the care and support provided for people at Casa Mia. This had led to improved mental health, including one person now being able to manage going to the dentist. In addition, people's physical health had improved. The health professional told us, "It really is person centred, they facilitate patients voice."
- Staff teams focused on supporting people to experience an enhanced sense of well-being by working in

innovative ways. For one person, this had resulted in them having their own pet which they loved and cared for. This had led to improvements in the person's physical health and they no longer required walking aids for short distances due to increased exercise.

- People thoroughly enjoyed living at Casa Mia as the range of activities were developed by them and they had many opportunities to continue with their personal interest, based on their wishes.
- People told us they enjoyed activities including walking groups, relaxation, swimming, gym, breathing exercises, gardening and stretching classes. One person told us about their hobbies and the support they needed and said, "Staff have spent an hour with me this morning sorting out my sewing box, it's a big help for me." Another person was incredibly proud to show us their room and how they incorporated their hobby, to decorate the entire space.
- One person who had recently moved to the home required specialist equipment to pursue their hobby. The provider had made temporary arrangements, while they converted an out building, to better accommodate the person's interests.
- In consultation with people, staff used the facilities at the home to drive through improvements in people's well-being and independence. Staff gave us further examples showing how people were consulted about their care. For example, staff had worked creatively with one person and adapted the facilities at the home to fully address people's wishes and safety needs. In response to one person's needs, a door had been incorporated into their room. This gave the person direct access to the garden, leading to increased well-being and independence, whilst continuing to maintain their safety.
- Through people's feedback, the provider had built several areas to engage people within their home. This included a large arts and craft room, a relaxation room, games room with a pool/air hockey table, table tennis and a modern multi-option arcade game. Plans were in place to further improve the garden with outside spaces for all year round use, as people wanted to access this.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence the identified information and communication needs were met for individuals. For example, information was provided to people in a format that met their needs, such as large print and pictorial formats.

Improving care quality in response to complaints or concerns

- Where complaints had been received, they were followed up and where needed, information was used to enhance the service provided and make improvements. One person told us, "There is a notice board up, but I haven't had to complain."

End of life care and support

- The views of people and their relatives were central to the development of people's care plans which were highly detailed and person-centred. People's wishes were considered and incorporated as part of the care plan reviews as people's needs changed, to make sure people received the support they required. People's advanced care wishes and decisions had been discussed and reviews were used to continually check and update any plans of care.

## 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and their wishes were at the heart of the service, with its vision to create a sense of "family". People told us throughout our inspection this had been achieved. The management team focused on people's happiness, health and wellbeing and these were at the forefront of the support given. One person told us how the care provided had impacted so positively on their well-being, "Yes it's very professional. You might think it's just a care home, but it has changed my life."
- People expressed great satisfaction with the leadership at the home and said it was managed in an exceptional way, with a strong emphasis on promoting inclusion and independence. One person told us, "It is 10 out of 10. Excellent."
- There were consistently high levels of constructive engagement with people and staff from all equality groups. Staff were motivated and proud to be part of the home and told us the provider and registered manager recognised their hard work through positive feedback and incentives. Staff felt extremely valued. One staff member told us, "The management care about our well-being, and want good work life balance, that way people get the best from us."
- Managers developed their leadership skills and those of others. One member of staff told us, "I love coming to work, we are always looking at ways to improve the service and outcomes for people."
- The provider and registered manager were passionate and committed to providing an excellent person-centred service for people and their relatives. The provider said, "We certainly love what we do and I think that runs down to the staff team. We do have an incredible hard working conscientious group of people [staff] and we have worked very hard to get Casa Mia to where it is today." These values were owned by staff who were equally committed and enthusiastic about fulfilling their roles and responsibilities in a way that delivered the best possible outcomes for people.
- There was a strong framework of accountability to monitor performance and risk, leading to the delivery of demonstrable quality improvements to the service. The provider and managers saw this as a key responsibility. An example of this was extensive plans to improve the outside facilities so people could

access this all year round.

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

- The commitment to continuous improvement was underpinned by a comprehensive range of audits in place which focused on positive outcomes for people. Any identified improvements were put into place in a timely way to improve people's quality of life. We found monitoring of the service to be very thorough, with both the registered manager and owners spending time with staff and people who used the service. The provider and registered manager used their comprehensive knowledge of people's needs when planning further development of care. Significant improvements had been planned and delivered with people living at the home. This included a new health spa room which people loved. One person told us, "The relaxation group is amazing."
- The management team together provided an exceptionally high level of experience and delivered care which was compassionate and inclusive. Staff were committed to this and told us how they learned together, reflected on situations and demonstrated accounts of how this improved people's care.
- Staff told us learning from concerns and incidents was a key contributor to continuous improvement and meant the service continued to change and adapt the support provided and reduce the risk of further reoccurrence. Involving people in decisions following incidents, such as in house physiotherapy plans, was fully embedded. In addition, people were referred to an NHS postural stability clinic.
- The providers constantly look at future plans to continually improve, this included exploring the introduction of further IT such as sensor monitoring.

Engaging and involving people using the service, the public and staff

- The views of people who used the service were at the core of quality monitoring and assurance arrangements. Innovation was celebrated and shared and people told us about their excitement and how proud they had been in receiving an award in their recent awards ceremony. There was a particularly strong emphasis on continuous improvement for both people's aspirations and their home environment.
- People said they were empowered and consulted and had a strong influence in the way their care and support was delivered. For example, in shaping the interview questions for new staff, deciding which charities they wanted to support and having a say in making changes to the home environment.
- The providers constantly communicated with staff directly, attended meetings with them and took an interest in them as an individual. In response to staff request, the provider had employed an external consultant to further develop their visions and values, with people and staff in the home.
- People held and led regular meetings to discuss the running of the home. This included activities, suggestions, discussion on fire drills and routine maintenance. There were currently two lead representatives who had been voted on behalf of people who had not wanted to attend in person, which ensured their views were included.

Working in partnership with others

- The providers shared their good practice, such how they used 'drama circles' and 'reflective practice' to improve care and also took ideas from other specialists.
- The service had a systematic approach to working with other organisations to improve care outcomes. The providers and staff championed the rights for people with mental health. This included involving local schools, educational settings, local shops and a pub to remove stigmas and pre-conceived ideas about mental health. This now meant they were willing to work with Casa Mia and support people in the community.
- People were absorbed into the local area. The provider told us, "People [in the community] look out for people from Casa Mia, they know [people] sometimes may need a little extra support or guidance and know



where we are."

- Previous students' positive feedback about their placement at Casa Mia resulted in a recent nomination by Worcestershire university for 'Outstanding Outside Practise for Learning' and the provider's occupational therapist wining the awarded for 'Outstanding Mentor'.