

Villa Atina Care Home Service

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Type of inspection:
Unannounced

Completed on:
28 October 2022

Service provided by:
Villa Atina Limited

Service provider number:
SP2003001551

Service no:
CS2003006871

About the service

Villa Atina is a care home for older people situated in Kinghorn, near Kirkcaldy. The service provider is Villa Atina limited and is one of two care homes in the group.

The care home does not provide direct nursing care as this is available from the local health services. There is close support between the home and NHS community health professionals.

The building is set in a residential area of the town and there are views over the river Forth from the gardens and from some areas of the building. The care home supports up to 24 older people in single room accommodation with en-suite shower and toilet facilities. Eighteen people were resident in the home during the inspection.

This was a follow-up inspection to assess the service's progress towards meeting the requirements made at the first inspection which was carried out on 5 April. Please see the reports dated 5 April and 25 July 2022 for details of our findings.

We were satisfied that the requirements were met. Details can be found in the 'outstanding requirements' section of the report. This had a positive impact on outcomes and experiences for people. As a result we have adjusted the grades awarded at the previous inspection.

About the inspection

This was a follow-up inspection which took place on 24 and 25 October. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with six people using the service;
- spoke with seven staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

Key messages

- Care plans provided more information and guidance to inform staff practice.
- The environment was clean, fresh and pleasant.
- Staff skills and knowledge had improved.
- Work had commenced to enable safe, independent access to the garden.
- Risks to people's health, safety and wellbeing had reduced because quality assurance had improved.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We were satisfied that the requirements were met. Details can be found in the 'outstanding requirements' section of the report. This had a positive impact on outcomes and experiences for people. As a result we have adjusted the grades awarded at the previous inspection.

How good is our leadership?

3 - Adequate

We were satisfied that the requirements were met. Details can be found in the 'outstanding requirements' section of the report. This had a positive impact on outcomes and experiences for people. As a result we have adjusted the grades awarded at the previous inspection.

How good is our staff team?

3 - Adequate

We were satisfied that the requirements were met. Details can be found in the 'outstanding requirements' section of the report. This had a positive impact on outcomes and experiences for people. As a result we have adjusted the grades awarded at the previous inspection.

How good is our setting?

3 - Adequate

Works had commenced to ensure people could enjoy the outdoor space safely and independently. We were aware completing this work would take some time. We asked the provider to provide us with regular progress reports (area for improvement 1).

We were satisfied that the requirement was met. Details can be found in the 'outstanding requirements' section of the report. This had a positive impact on outcomes and experiences for people. As a result we have adjusted the grades awarded at the previous inspection.

Areas for improvement

1. The provider should send regular updates to the Care Inspectorate regarding works to improve the garden. This is to ensure people can access and enjoy outdoor space safely and independently.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

If I live in a care home, I can use a private garden.' (HSCS 5.23)

How good is our care and support during the COVID-19 pandemic?**3 - Adequate**

We were satisfied that the requirements were met. Details can be found in the 'outstanding requirements' section of the report. This had a positive impact on outcomes and experiences for people. As a result we have adjusted the grades awarded at the previous inspection.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 23 May 2022, the provider must protect the health, welfare and safety of those who use the service. In particular, you must ensure that all personal plans have up to date reviews, risk assessments and care plans which:

- a) accurately reflect the assessed current health and care needs of the service user, with priority being given to dementia care and stress and distress;
- b) include person-centred information outlining needs, abilities and support required to meet those needs; and
- c) accurately reflect risks that have been identified, the assessment of these and steps to be taken to reduce and/or mitigate the risks.

This is in order to comply with Regulations 3, 4,(1)(a) (welfare of users), 5(1), 5(2)(a), 5, (2)(b)(personal plans) and 9, (2)(b) (fitness of employees) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My personal plan (sometimes referred to as a care plan), is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15)

This requirement was made on 14 April 2022.

Action taken on previous requirement

We observed warm, positive and respectful interactions between people living in the home and staff. It was apparent that staff knew people very well. Staff encouraged people using appropriate humour and this raised people's spirits throughout the day. People and staff enjoyed each others' company.

People's personal plans continued to improve. Care plans demonstrated good values and contained more person-centred detail. A summary of people's care and support needs provided a valuable overview. This was enhanced by the provision of information about people's life stories, important people and routines, likes, and choices. This information enabled positive rapport and relationships to be built and maintained. This was particularly important when people were supported by unfamiliar staff.

People received support to meet their needs in ways they chose and were familiar to them. Care plans to ensure people enjoyed meaning and purposeful engagement supported the maintenance of their sense of identity and self-image. These should be developed for all people living in the home.

Care plans were reviewed on a regular basis. Reviews should clearly identify how the care and support people receive is evaluated to ensure it continues to meet their needs. The provider's quality assurance processes should monitor the accuracy of the information recorded in assessments of people's needs. This includes ensuring care plans contain only relevant, current information.

Improvements should continue to ensure people receive safe, consistent and effective care and support. The provider should ensure care plans are specific, achievable, and measurable. This will enable people to maintain their skills, abilities and independence for as long as possible.

People's health care needs were monitored and supported by all relevant professionals. We were confident that referrals were made to appropriate health and social care professionals when people's needs changed.

The identification and management of risks to people's health, safety and wellbeing was improving. We noted the provider's knowledge and understanding continued to develop. Practice should continue to improve to ensure people experience optimum outcomes.

We were satisfied that the requirement was met. This had a positive impact on outcomes and experiences for people. As a result we have adjusted the grades awarded at the previous inspection.

Met - outwith timescales

Requirement 2

By 23 May 2022 the provider must protect the health and welfare of those who use the service. In particular, you must ensure people experience safe, competent and effective support with medication. You must also ensure that pain experienced by people is identified and addressed timeously. In order to achieve this, you must:

- a) develop, implement and regularly review care plans that accurately reflect chronic and/or acute pain people may experience;
- b) develop, implement and regularly review pain assessment tools to ensure signs that people are in pain are identified and addressed;
- c) ensure people's medication is reviewed by relevant health professionals on a regular basis; and
- d) ensure suitably detailed protocols are in place to inform the consistent and appropriate administration of medication that is prescribed on an 'as required basis'.

This is in order to comply with Regulations 3, 4, (1)(a), 4 (1)(b), 4(2)(b)(welfare of users) and 9, (2)(b) (fitness of employees) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience high quality support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

This requirement was made on 14 April 2022.

Action taken on previous requirement

People were prescribed pain relief to ensure any acute or chronic pain they experienced could be addressed.

Currently, people living in the home could tell staff when they experienced pain or discomfort. Staff demonstrated knowledge and understanding of people and positive relationships had been built. This gave us confidence that staff could recognise signs that people were experiencing pain.

The provider had researched a range of pain assessment tools which would be used if people could not articulate their pain. The provider will request support from relevant professionals to implement the tools when required. The provider should develop person-centred care plans detailing how people's pain is identified and managed. This is to ensure people's health and wellbeing.

We noted people required medication which was prescribed on an "as required" basis very frequently. We were concerned that their pain was not being well-managed. The provider had requested reviews of people's medication. However, they experienced difficulties accessing services from primary care. Similarly, protocols to guide the administration of "as required" medication were not provided. Support has been sought from Fife Health and Social Care Partnership to ensure people's health, safety and wellbeing needs are met.

We were satisfied that the requirement was met. This had a positive impact on outcomes and experiences for people. As a result we have adjusted the grades awarded at the previous inspection.

Met - outwith timescales

Requirement 3

By 23 May 2022, the provider must protect the the health, wellbeing and dignity of people using the service. In particular you must ensure restraint and restrictive practice is used only as a last resort, meets legislative requirements and complies with Mental Welfare Commission Guidance.

This is in order to comply with Regulations 3, 4, (1)(a), 4 (1)(b), 4 (1)(c), (welfare of users) and 9, (2)(b)(fitness of employees) of The Social Care and Social work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) .

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively.' (HSCS 1.3).

This requirement was made on 14 April 2022.

Action taken on previous requirement

The provider had taken steps to develop staff's knowledge and understanding of restraint and restrictive practice. This was to ensure people's rights were upheld and they only experienced restrictions as a last resort.

Good practice guidance was provided for staff. Questionnaires were developed to evaluate staff's understanding and these demonstrated that some staff had developed a good knowledge and understanding. However, others required additional support. Staff told us their awareness had increased. They used the learning to consider their practice to reduce the risks of restraint or restrictive practice.

Risk assessments had been developed detailing the types of restraint and restrictive practice people experienced. This included the use of bed rails and wheelchair lap belts. Risk assessments were reviewed on a monthly basis to assess whether restrictions could be reduced or removed. The service should ensure consent to the use of restraint or restrictive practice has been given by authorised people.

The service should continue to support staff's knowledge and understanding of all forms of restraint. For instance, in relation to interpersonal control, influencing people's choices and decisions and accessing outside space.

We were satisfied that the requirement was met. This had a positive impact on outcomes and experiences for people. As a result we have adjusted the grades awarded at the previous inspection.

Met - outwith timescales

Requirement 4

By 16 June 2022, the provider must ensure people's health, safety, and well-being needs are met by ensuring that quality assurance for the service is responsive and is carried out effectively to show good governance and leadership that contributes to high quality care. This must include, but is not limited to audits for monitoring and checking the quality of service must be in place which are accurate, kept up to date and ensure that analysis and follow-up leads to any necessary action to achieve improvements or change without unnecessary delay.

This is in order to comply with Regulations 4, (1)(a), 4(1)(d), (welfare of users) and 9,(2)(b)(fitness of employees) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

This requirement was made on 14 April 2022.

Action taken on previous requirement

We noted improvements in the management and leadership of the service. The manager and provider responded positively to inspection feedback and this demonstrated their capacity to improve the service being provided for people. This led to improved outcomes and experiences for people living in the home.

People and relatives we spoke with expressed their confidence and trust in the manager and provider. People told us any issues or concerns were quickly addressed.

Staff felt supported by the management team who were approachable and understanding. Staff felt valued and said team morale was good.

Quality assurance audits carried out by the management team ensured oversight of all key systems and processes in the home. This included ensuring health monitoring checks were carried out with appropriate, timeous response to address any concerns identified. We identified some gaps in cleaning records. However, the environment was clean, fresh and tidy. The management team should ensure all records are complete and accurate. We suggested "spot checks" should be introduced to ensure appropriate standards of cleanliness and compliance with best practice in infection prevention and control are maintained.

Tasks had been delegated to senior staff, including rota planning and providing supervision for care staff. This provided opportunities for development for senior staff and enabled the manager to concentrate on identifying and addressing areas for improvement. This led to better outcomes and experiences for people.

Residents' meetings had resumed. This provided opportunities for people to make choices and decisions about their care and support and the running of the home. Residents' meetings should take place on a regular basis. The views of all people living in the home should be gathered. This means that where people do not have capacity, their representatives are consulted on their behalf.

We were satisfied that the requirement was met. This had a positive impact on outcomes and experiences for people. As a result we have adjusted the grades awarded at the previous inspection.

Met - outwith timescales

Requirement 5

By 16 June 2022, the provider must ensure that people experience a service with well trained and informed staff. In particular, you must ensure that all staff receive: dementia care, communication, restraint and restrictive practice, medication and stress and distress training relevant to the work that they carry out in order to keep service users safe. This must include, but is not limited to:

- a) regular quality assurance checks to demonstrate how the training received is being implemented in practice throughout the care service;
- b) regular monitoring of staff practice to provide assurance that staff practice is consistent with current good practice guidance;
- c) providing regular staff supervision to ensure their learning and development needs are assessed, reviewed and addressed; and
- d) ensuring staff have access to up-to-date knowledge and best practice guidance through access to regular team meetings.

This is in order to comply with Regulations 9, (2)(b) (fitness of employees) and 15, (b)(i)(staffing), of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14).

This requirement was made on 14 April 2022.

Action taken on previous requirement

We noted progress had been made since last inspection. A training needs analysis was developed which identified the knowledge, skills, and training staff required to meet people's needs. This included both mandatory training, and training to meet people's specific needs. This included supporting people experiencing stress and distress, Parkinson's disease and dementia.

Systems were in place to identify when staff required to undertake refresher training. This meant staff's knowledge and skills remained current.

The provider continued to develop systems to evaluate staff's understanding and ability to put learning into practice. Questionnaires developed to evaluate staff's learning demonstrated their understanding or the need for additional support. We asked the manager to ensure additional learning opportunities were provided where required.

Staff were receiving supervision on a 1:1 or group basis. Staff told us they valued the opportunity to discuss their performance, wellbeing and learning and development needs. Senior staff will assume responsibility for facilitating supervision in the near future. This provided opportunities to develop their leadership skills. We asked the manager to develop a training matrix to record staff supervisions. This is to ensure staff receive support on a regular basis.

Team meetings had commenced. These were valued by staff to share information and focus on learning. Where staff could not attend in person, staff could access meeting minutes. This ensured staff had up-to-date information about changes. Team meetings should take place on a regular basis to ensure staff's continued engagement and maintain morale.

We were satisfied that the requirement was met. This had a positive impact on outcomes and experiences for people. As a result we have adjusted the grades awarded at the previous inspection.

Met - outwith timescales

Requirement 6

By 26 August, the provider must protect the health, safety and welfare of those who use the service. In particular, the provider must ensure people experience a clean, well maintained and safe environment at all times. To do this the provider must:

1. Ensure systems are in place to provide regular and effective oversight of the cleanliness of the home and identify and address areas for improvement without delay.
2. Ensure repairs, maintenance and refurbishments are carried out on a reactive and cyclical basis. A service level agreement should be provided for service users and their representatives which sets out the timescales for repairs and maintenance to be carried out.
3. Provide the Care Inspectorate with a plan detailing the repairs, maintenance and replacement of furniture, equipment and décor required both within the home and garden area. This must provide appropriate timescales for the completion of the required works.

This is in order to comply with Regulations 3, 4,(1)(a),(b),(d) (welfare of users), 10, (b),(d)(fitness of premises) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and to be consistent with the Health and Social Care Standards which state that:

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22); and
'My environment is safe and secure.' (HSCS 5.17)

This requirement was made on 25 July 2022.

Action taken on previous requirement

We noted improvements in the cleanliness of the home. The environment was clean and fresh, and care equipment was hygienic and well maintained. Corridors and cupboards were well organised and free from clutter. This reduced the risk of slips and falls. People could enjoy living in a comfortable and pleasant environment.

The provider developed an improvement plan to identify and plan to address the required repairs, maintenance and replacement of furniture, fixtures and fittings. Work was ongoing, and we noted significant improvements in the laundry which was clean, well-organised and spacious. This reduced risks to people's health, safety, and wellbeing.

The provider was developing a repairs and maintenance policy. This should provide information about reactive and cyclical repairs and maintenance. People should also be aware of the timescales for the completion of repairs or replacements. This should ensure people's rights to live in clean, safe and comfortable surroundings are maintained.

Health and safety systems had improved. A detailed cleaning schedule had been developed which provided clear guidance for staff. Oversight of cleaning records should be maintained consistently to reduce the risk of cross infection and ensure people's health, safety, and wellbeing. The provider should carry out regular environmental audits to identify any repairs or maintenance issues as soon as possible.

Works had commenced to ensure people could enjoy using the outdoor space safely and independently. We were aware completing this work would take some time. We asked the provider to provide us with regular progress reports (see area for improvement 1 under 'How good is our setting'). The provider should continue to consult with people and relatives to gather their views about their needs, choices and preferences when using the garden. Access to outdoor space is important in maintaining health and wellbeing. Therefore, the provider should develop risk assessments detailing how people will be supported to access outdoor space during the improvements.

We were satisfied that the requirement was met. This had a positive impact on outcomes and experiences for people. As a result we have adjusted the grades awarded at the previous inspection.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

In order to ensure people living with dementia experience good outcomes, the provider should ensure social and leisure opportunities offered meet their current needs and abilities.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15)

This area for improvement was made on 14 April 2022.

Action taken since then

People were supported to enjoy social and leisure activities in the home. Communal support was provided by staff, usually in the lounge or dining room. We observed people participating in activities and enjoying humorous interactions.

Staff knew people well and supported people living with dementia to participate as much as possible. However, people's needs should be assessed on a regular basis to identify whether people's social and leisure needs can be met in communal settings or if they require one-to-one support. Appropriate tools should be used to identify and plan pastimes that are meaningful, purposeful and achievable for people living with dementia. This would help maintain people's physical, social and emotional health and wellbeing.

The provider should ensure staffing levels are appropriate to provide social and leisure opportunities to meet people's needs.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
How good is our setting?	3 - Adequate
4.2 The setting promotes people's independence	3 - Adequate
	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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