

## Oversteps (Care Home) Care Home Service

Earls Cross Road  
Dornoch  
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**Type of inspection:**  
Unannounced

**Completed on:**  
12 January 2023

**Service provided by:**  
Church of Scotland Trading as  
Crossreach

**Service provider number:**  
SP2004005785

**Service no:**  
CS2003008465

## About the service

Oversteps Care Home provides a care service for up to 24 older people.

It is situated in the coastal village of Dornoch. The service provides accommodation over two floors in single bedrooms, each with an en-suite toilet and wash hand basins. There is one large sitting room downstairs and a dining room, accessed by a lift from the first floor. There is a large, attractive communal garden area around the home.

The provider is Church of Scotland Trading as Crossreach.

## About the inspection

This was an unannounced follow up inspection which took place on 11 and 12 January 2023.

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

## Key messages

1. Staff continued to provide kind and respectful care
2. People's quality of life could be enhanced further with more hours for activities
3. Leadership and management arrangements had improved since the last inspection
4. Further work is needed to embed effective quality assurance and drive continuous improvement
5. Staffing levels remain fragile
6. The new electronic care planning system meant people's care plans were up to date.

## 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?	4 - Good
How good is our leadership?	3 - Adequate
How well is our care and support planned?	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?

4 - Good

We have regraded upwards following inspection for this key question as good. There had been continuing improvement in how the service was supporting people's health and wellbeing. This meant there were important strengths in supporting positive outcomes for people.

At the last inspection we made an area for improvement to review the staffing resource to enable people to get the most out of life. People continued to benefit from meaningful activities which were warm, friendly and encouraging. However, the part time nature of the activities lead role meant opportunities for meaningful activity remained at set times of the day or week. (See area for improvement 1)

Meaningful progress had been made in other areas of this key question. For example, the service was reconnecting with the local community and volunteers to visit and share hobbies. This will allow people further opportunities to stay connected to the outside world and local community.

People were benefiting from good quality care and told us, 'staff have been wonderful'.

Appropriate prevention and management plans were in place for people at risk of stress and distress or experiencing falls. There was improved oversight of medication management which meant people were receiving their prescribed medications as intended.

People living in Oversteps said they enjoyed the food. If a person needed help to eat and drink, they were supported in a dignified way. This meant people's health and well being benefited from well prepared meals and regular access to drinks and snacks.

### Areas for improvement

1. To support people to have the opportunity to maintain, develop and explore interests and activities at their own place and at different times of the week, the provider should, but not limited to;

- a) review how effective the available hours allocated to the activity coordinator are at enabling this to happen;
- b) ensure there are sufficient staff on duty to enable them to support people to access the gardens to promote an active life and be able to take part in meaningful conversations; and
- c) use information about people's past and present interests and wishes to develop individual activity plans which reflect their preferences, skills and choices.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I can choose to have an active life and participate in a range of recreational, social creative, physical and learning activities every day, both indoors and outdoors.' (HSCS 1.25); and 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6).

**How good is our leadership?****3 - Adequate**

We have regraded upwards following inspection for this key question to adequate. There was improvement in the service's management capacity to monitor the quality of service delivery. However, strengths just outweighed weaknesses. Whilst the strengths had a positive impact on people's experience, there were areas of performance which still needed to improve.

It was evident that the provider had taken effective steps to ensure the service was well led and managed. The service was benefiting from an increase in the number of leadership and management roles. The provider had also put visible and focused senior support in place to support the newly appointed manager. This has resulted in a better managed service which had more capacity to monitor the quality of service delivery and to steer the care home to achieve best outcomes for people. For example, at the last inspection we required the service to ensure that issues which may pose a risk to service users were identified and appropriate action taken. There was a lack of meaningful analysis and limited effort to review what had gone wrong following adverse incidents to prevent it happening again.

Progress had been made to address this. There was improved analysis of accidents and incidents. This provided assurance that action was routinely taken to learn from an event, such as a fall. Appropriate notifications of certain events were also being provided to the Care Inspectorate. These notifications allow the Care Inspectorate to check events have been managed safely.

At the last inspection we required the provider to complete the transition to electronic care planning. The new care planning system was now in place (see section, 'How well is our care and support planned?') It was evident that as a result of this, people's care plans more accurately reflected their care and support needs.

There were aspects of the previous requirement which were not yet fully established. This included making sure there was regular auditing of staff practice, such as infection control and prevention practice and record keeping. Audits of infection control and prevention practice were being undertaken, which included staff hand washing practice. However, the service should make sure that written records of all care provided are consistently recorded in the correct section of the care plan.

For example when a topical medication has been applied to a person's skin, this should be recorded in the body map section of the care plan rather than the daily notes. Where people require support to change their position to prevent skin damage, this should be recorded in the repositioning record. (See section, 'How well is our care and support planned' and area for improvement 1).

Overall, sufficient progress had been made to confirm that the previous requirement has been met. However, we have made an area for improvement to provide a focus for sustaining progress for follow up at the next inspection. (See area for improvement 1 below)

**Areas for improvement**

1. To ensure people benefit from a culture of continuous improvement, the service should ensure leaders at all levels have a clear understanding of their role in monitoring practice and identifying, directing and supporting improvement activities to include, but not limited to;

- a) effective quality assurance systems are in place to include meaningful analysis in the event of adverse incidents, accidents and incidents such as stress and distress or a fall;
- b) regular monitoring of standards of care and record keeping; and
- c) where there are indications of poor practice in any of the above, this is recognised and prompt action is taken to address this.

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

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

'I use a service and organisation that are well led and managed.' (HSCS 4.23)

## How well is our care and support planned?

## 3 - Adequate

At the last inspection we made an area for improvement to ensure people's care plans were always up to date, so that people's plan of care accurately reflected their care needs. This included the prompt recognition of and recording of changes in people's health or level of risk, for example risk of skin damage, undernutrition or falls.

Sufficient progress had been made in this area with the introduction of new electronic care plans. However other actions were identified which has resulted in a new area for improvement.

See section, 'What the service has done to meet any areas for improvement we made at or since the last inspection' and area for improvement 1 below.

### Areas for improvement

1.  
To support positive outcomes for people who use the service, the provider should ensure people's care plans are always up to date, written in a person centred way and identify their chosen outcomes.

In addition, the service and provider should, at a minimum:

- a) ensure any records or charts, for example, re-positioning and skin checks are accurately completed to evidence the pressure area care that people are receiving;
- b) ensure there are written records of the use of 'topical' medications which are applied to people's skin, for example to prevent skin damage;
- c) ensure staff receive further training and /or guidance to embed the electronic care planning and record keeping system;
- d) ensure regular monitoring standards of care in care planning and record keeping; and

e) where there are indications of poor practice in any of the above, this is recognised and prompt action is taken to address this.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

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

### Requirements

#### Requirement 1

1. By 21 December 2022 the provider must ensure the service is well led and managed. In particular, you must have a sufficient number of skilled staff in leadership and management roles.

To do this, the provider must, at a minimum:

a) provide visible, focussed support that will guide leaders to work collaboratively and confidently steer the care home to achieve the best outcomes for people and to meet service users' health, safety and wellbeing needs at all times;

b) issues that may pose a risk to service users are identified and appropriate action is taken. This should include;

- meaningful analysis in the event of all accidents and incidents such as a fall;
- meaningful analysis of staffing levels required to fully meet people's needs at all times;
- regular auditing of staff practice and record keeping, for example recording of topical medication administration;

c) effective leadership and management support is available to lead the transition to electronic care planning in a planned way, with a clear action and risk management plan;

d) comply with legal responsibilities, including submission of notifications to the Care Inspectorate in accordance with its notification guidance.

This to comply with Regulations 3, 4(1)(a) and 17(c) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I use a service and organisation that are well led and managed.' (HSCS 4.23)

**This requirement was made on 25 August 2022.**

## Action taken on previous requirement

This requirement has been met. See Section 2, 'How good is our leadership?' and area for improvement 1 above.

**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

To support people to have the opportunity to maintain, develop and explore interests and activities at their own place and at different times of the week, the provider should, but not limited to;

- a) review how effective the available hours allocated to the activity coordinator are at enabling this to happen;
- b) ensure there are sufficient staff on duty to enable them to support people to access the gardens to promote an active life and be able to take part in meaningful conversations; and
- c) use information about people's past and present interests and wishes to develop individual activity plans which reflect their preferences, skills and choices.

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

- 'I can choose to have an active life and participate in a range of recreational, social creative, physical and learning activities every day, both indoors and outdoors.' (HSCS 1.25); and
- 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.' (HSCS 1.6)

**This area for improvement was made on 25 August 2022.**

### Action taken since then

The part time activities co-ordinator continued to have a positive impact on people's experience of living in Oversteps.

People were benefiting from meaningful activities for example, going for walks outside, joining in group activities such as quizzes and crafts. These sessions were inclusive of people, were warm, friendly and encouraging. As a result of this, people's wellbeing was improved and there was less stress and distress because people were being engaged in meaningful activity.

However, the available hours allocated to the activity coordinator remained the same which meant these benefits were restricted to set times of the day or week. To build on the service's progress and increase



people's opportunity to maintain, develop and explore interests and activities at their own pace and at different times during the week, we have repeated this area of improvement.

Some progress had been made to use information about people's past and present interests and wishes to develop individual activity plans which reflected their preferences, skills and choices.

### Previous area for improvement 2

To support good outcomes for people and ensure that people's health and wellbeing needs are met by the right number of people and that their care and support is right for them, the provider should at a minimum:

- a) continue to recruit staff to fill the current vacancies and continue to cover any periods of annual leave or sickness;
- b) sufficient staff are consistently rostered to keep people safe and meet their health and care needs;
- c) that effective reviews are undertaken to take account of;
  - the layout of the building;
  - direct care hours required to meet the needs of each person;
  - the appropriate mix of staff skills required to meet the needs of people using the service; and
  - staff hours are adjusted to meet people's changing needs as people's dependency levels change.

This is to ensure care and support is consistent with Health and Social Care Standards which state: 'My needs are met by the right number of people' (HSCS3.15) and 'my needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.' (HSCS 1.23).

**This area for improvement was made on 25 August 2022.**

### Action taken since then

Despite significant vacancies across all departments we saw an improvement in staffing levels which was having a positive impact on people. This included an additional staff member at night to keep people safe in the event of a fire.

Staff appeared to have time to talk with people and the care provided was well paced. They took time to transfer people to the communal areas if they wished, so they could participate or watch activities. However, due to a recent outbreak of influenza a number of people were remaining in their rooms. Because the activities lead role is part time, it is vital that there are enough staff on duty to enable them to support people to access the gardens to promote an active life and be able to take part in meaningful conversations (see section 1 'How well do we support people's wellbeing'? and area for improvement 1 above).

The managers and provider had worked hard to ensure staffing levels were maintained. For example, the regular use of agency and relief staff was helping to ensure people's health and care needs were being met. Agency staff knew the service well which meant it was not having an impact on continuity of care provided to people.

However staffing levels remained fragile and were easily disrupted by sickness and planned leave. There was a risk that the service was not always able to adjust staff hours to meet people's increasing dependency of the levels. For example, where someone was living with dementia and may be experiencing stress and distress.

The service continued to review staffing arrangements, using a dependency tool. This aimed to ensure the right number of staff were available to care for people.

Overall, sufficient progress had been made to meet this area for improvement. In view of the continuing concerns about the sustainability and stability of staffing, we will follow this area up at the next inspection.

## Previous area for improvement 3

To support positive outcomes for people who use the service, the provider should ensure people's care plans are always up to date. To do this the service and provider should, at a minimum:

- a) ensure the prompt recognition of and recording of changes in people's health or level of risk, for example risk of skin damage, undernutrition or falls, so that people's plan of care accurately reflects their care needs;
- b) the care planning process is used to improve people's experiences and outcomes;
- c) the quality of people's care and support is evaluated and recorded on a monthly basis or less where a person's care needs or risk level changes, for example after an incident;
- d) action is taken to make any necessary improvements to reduce a person's risk level and update the care plan accordingly; and
- e) the care plan is formally reviewed at least once in every six month period and people and their relatives/representative/s are fully involved in this review.

This is to ensure that 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 25 August 2022.**

### Action taken since then

The team had made good progress in this area following the introduction of the electronic care planning system in November last year. Care plans accurately reflected people's care and support needs at the time of the inspection.

Staff had easier access to information about people's risks and care needs which meant they had sufficient information to provide the care people required. For example, staff used the care plan to identify how often a person should be re-positioned when they unable to do this independently and a person was at risk of developing skin damage.

However, the recording of re-positioning and skin checks which were routinely undertaken required improvement. It was not of a sufficient standard to evidence the pressure area care that people were receiving. Furthermore, the service needed to make sure there were written records of the use of 'topical' medications which are applied to people's skin, for example to prevent skin damage. We discussed this during the inspection and the provider had plans in place to provide further guidance to staff about completing these records in the new electronic care plan.

We discussed the need to make sure the electronic care plans were written in a person centred way to describe people's unique care needs. To enhance them further, the care planning process should be used to identify people's preferred outcome of the care and support they receive.

The majority of people had benefited from a formal review of their care plan. This review involved people and their relatives/representative/s.

Overall, the service had laid good foundations in care planning. However, staff need time and further training to embed and adjust to the electronic care planning and record keeping system.

Sufficient progress has been made to meet this area for improvement. We have made a new area for improvement to provide a focus for sustaining this progress and to address additional actions needed for follow up at the next inspection. (see section 'How well is our care and support planned'? above and area for improvement 1)

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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