

Overdon Nursing Care Home Care Home Service

Overdon
Kintore
Inverurie
AB51 0YP

Telephone: 07944919511

Type of inspection:
Unannounced

Completed on:
27 January 2026

Service provided by:
O&C Investments Limited

Service provider number:
SP2024000805

Service no:
CS2025000350

About the service

Overdon Care Home is a traditional-build house that has been extended and converted to provide care for up to 18 older people. The home is located on the outskirts of Kintore, Aberdeenshire and is close to local amenities and transport links.

The home is set over two floors with 17 bedrooms, 11 of which are downstairs and the remaining six on the upper floor. Residents can access the first floor by the main staircase and stair lift. There is a shared lounge, conservatory and dining room. Access to the patio garden can be made from a corridor in the extension, located off the dining room.

The provider of the service is O&C Investments Limited.

About the inspection

This was an unannounced type one inspection which took place on 19 and 21 January 2026. The inspection was carried out by two inspectors 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 11 people using the service and two of their family
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Prior to the inspection we asked the manager to send out questionnaires to stakeholders. We received seven completed questionnaires from people who live in the service.

Key messages

- People appeared well cared for and were happy with the standards of care and support they received.
- People were happy with the meals and said the quality was good.
- The inclusion and participation of people in the service should be developed.
- The management of medications needed to improve to ensure that medicines were managed safely.
- The assessed moving and handling equipment needs to be consistently used.
- Managers were visible and accessible in the home.
- The oversight of quality through effective audits and service improvement planning needs to be developed.
- People were positive about the staff and there were instances of good engagement seen.
- Managers should revisit the training expectations and put a clear timetable for completion in place.
- The home was clean and odour free. Some areas of the service were very comfortable and well-furnished and decorated.
- The home would benefit from a declutter and smarter storage solutions.
- Care plans should be developed to make them more person-centred.

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

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 evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

People appeared well cared for. They had received the right levels of support to help them look their best.

People spoke positively about the staff and there were examples of kind and warm engagement between staff and people living in the service. Trusting relationships had formed and this contributed to people saying that if they were concerned with any aspect of the care and support they received, they would raise this with staff.

Some people were occupied and managed to pass their time. However, many people had chosen to remain in their bedrooms, and they did not have the same opportunities to pass their time. Some said their day was long. Everyone should be able to pass their time in a meaningful way. The service had employed an activities person, however, improvements are needed to staff awareness of their responsibility in supporting the social wellbeing of people.

There was no activities planner in place. This information would have enabled people to be kept informed and give them the option of taking part in any planned activity. (See area for improvement 1.)

People were happy with the quality of the meals. The dining room was used by a few people, and they enjoyed the social aspect of the meal. However, many people remained in their bedrooms for meals, and this meant that they missed out on this aspect of the mealtime. We felt that more could be done to support people with their location for dining in order to help them have shared experiences with others.

The menu for the day was written up on a chalk board in the dining room. However, there was weekly or monthly menu plan available. This would have been useful to ensure that people and their families were informed of the meals provided and enable them to provide feedback. (See area for improvement 1.)

People needed to be supported to be involved and included in home life and the decision making. Care review meetings took place six monthly, however there were no inhouse meetings taking place. This would have been an opportunity for people to provide feedback to help inform the service provided and changes. It is important for the opinions of people to be sought and followed up on to ensure they receive the service they need and want. (See area for improvement 1.)

People had access to fluids, and it was positive to see that people in the lounge had individual jugs of juice. This enabled them to top up their own glasses. In bedrooms, staff had ensured that people's drinks were within easy reach. The staff were supporting people to remain hydrated.

Some people had been assessed as requiring moving and handling equipment to help them change position or seating. They had been assessed for specific sling types and sizes. However, in their bedrooms there were different slings of different sizes. This increased the risk of unsafe moving and handling and put those people at risk of injury. The service must ensure that the correct sling type and size is available to ensure that people are moved safely. (See requirement 1.)

The management of medication needed to improve. Topical medications were consistently not dated on

opening, and this made it difficult to establish if they were being applied as prescribed and if they were still within their safe use by date. Some medicated topicals were in en suites, and this made them easy for people to access and mistake for toothpaste etc. Medicated topicals needed to be securely stored to prevent possible harm. (See requirement 2.)

People were not consistently supported to take their medication. There were instances where medication was left with the person and the staff member did not help them take it. This meant there was a risk of people not taking their medications and of other people accessing them. This increased the risk of people not receiving the medications to help keep them well and of potential harm to others. (See requirement 2.)

Requirements

1. By 30 April 2026, the provider must ensure that people are supported to move safely and in accordance with their assessed needs. This is to ensure that the moving and handling of people is completed without risk of injury and harm. In order to do this the provider must, as a minimum:

- a) people's moving and handling needs must be robustly assessed and documented in the relevant documentation
- b) if a second copy of people's moving and handling assessment is to be located in person's bedroom, this must be up-to-date and consistent with notes version
- c) slings used to assist people to move must be as per the assessed need and as recorded in documentation
- d) slings must be stored appropriately in people's bedrooms to enable staff to access them easier and help identify if correct sling is available
- e) managers must have improved oversight of the moving and handling of people and ensure that the equipment used and the documentation in place, are reviewed as part of the quality assurance processes.

This is to comply with Regulations 4(1)(a) (welfare of service users) 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 (HSCS) which state that:

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

2. By 30 April 2026, the provider must ensure that medication management is safe and effective. This is to protect the safety and wellbeing of people in the home. In order to do this the provider must, as a minimum:

- a) ensure medication is safely and correctly stored at all times
- b) ensure when medicine is given the person is supported to take it and this is accurately recorded
- c) review all topical medicines, making sure these are dated on opening and administered correctly with regular audits taking place

- d) ensure all staff responsible for medication administration complete regular competency assessments
- e) review 'as required' protocols to ensure they are detailed and can be used to inform staff decision making.

This is to comply with Regulations 4(1)(a) (welfare of service users) 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 (HSCS) which state that:

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

Areas for improvement

1. People should be given opportunities to be kept informed and in providing feedback and having their say. This will help develop the service and ensure that the preferences, wishes and needs of people inform the development of the service provided.

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

'I am recognised as an expert in my own experiences, needs and wishes' (HSCS 1.9).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

The management team were visible and available within the home. This helped ensure they had oversight of the quality of the service provided and ensured that people had the opportunity to speak with them.

There was clear information available to people and their visitors on how to make a complaint. Managers had a clear system in place to ensure that any concern raised would be dealt with appropriately.

The compiling of the provider's policies was ongoing. The provider and managers should ensure that all policies are appropriate and in line with legislation.

There were no meetings taking place with people, relatives and staff. This was a missed opportunity to keep people informed of any changes and in giving them the platform to have their say and to contribute to the development of the service. It is important for managers to include the needs and wishes of people in the planning of the changes for the service. (See area for improvement in 'How well do we support people's wellbeing?')

There was some quality assurance taking place. However, the audits undertaken needed to be revisited to ensure they could be used to inform effective changes and improvements. For example, medication audits appeared to be in the form of counts. A more robust audit may have identified the issues with staff

practices and with the concerns with the management of topical medications. There needed to be a better timeframe for the completion of care plan audits to ensure that each person's plans were reviewed at least annually and that the actions identified. The care plan audit needs to be developed to ensure that it helps identify when the care documented is not reflective of people's needs.

An environment audit needs to be developed. This will help identify any concerns or areas for improvement in the home's environment and help the provider and managers to set a realistic timetable for making any improvements.

Areas identified in robust quality assurance processes help inform the service improvement plan and ensure that changes are informed by improving the quality of the service people receive. (See requirement 1.)

There was an action plan in place. This appeared to be informed of quick fixes, for example, the painting of the visitor's toilet. It was positive that there was a record of the managers reviewing the works when they were completed. This enabled an assessment of the standards of the completed works. However, this action plan had limited content.

Managers need to develop a detailed service improvement plan. This is important to ensure that the provider and managers document the plans for the service and capture areas of improvement identified from audits and feedback. Having a service improvement plan in place will help ensure the improvements can be planned and implemented effectively. (See requirement 1.)

Requirements

1. By the 30 April 2026, the provider must ensure there is a culture of sustained improvement. To do this the provider must at a minimum:

- a) ensure that regular quality assurance processes are embedded and are effective in identifying, preventing, and promoting outcome focused care
- b) the processes should be responsive to improving the outcomes for service users, actively drive good practice and standards, and include other stakeholders in the processes
- c) ensure that information is managed through a service improvement plan which is regularly accessed and reviewed.

This is to comply with Regulations 4(1)(a) (welfare of service users) 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 (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).

How good is our staff team?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

Staff took opportunities to engage with people, and these often resulted in positive outcomes. However, we found that some people who had remained in their bedrooms did not have as much interaction and engagement. It was clear from speaking with people that they valued the staff, and they thought of them very positively. They said that the staff were kind and friendly, and that they generally did not have to wait for assistance when it was needed.

The numbers of care staff needed was informed by the dependency tool. It was reassuring that in the event of changes or deterioration in people's health, staff numbers could be increased. Managers informed us that this could be done without first seeking permission from the provider. This would prevent a delay in ensuring there are sufficient staff on shift to meet the changed needs of people.

Staff were visible in the home, and this meant they were generally on hand to help people when it was needed. The home did not employ a laundry person, and this role was part of the carer's duties. The provider and managers need to consider how this additional role impacts on the care staff availability, particularly on the late shift when the number of carers reduces by one. The opportunities for people to pass their time well and interactions with people in their bedrooms, may be impacted by staff having this additional role.

Night staff contribute to the laundry service by doing the ironing. The provider and manager should consider the impact this role has on the two staff's availability and oversight on the shift.

Consideration must be given to the needs and health of people when additional roles are given to staff employed to provide the necessary care and support to people.

Staff had a set of mandatory online training to complete. The completion of these trainings was inconsistent with some areas of training having poor uptake. Staff said that they felt they were not allocated sufficient time to complete the training and that this then impacted on the compliance and low stats. The provider and managers should revisit the training expectations to help support staff to complete their training in a timely manner. It is important for all staff to have the necessary knowledge and skills to help inform their practice. (See area for improvement 1.)

Managers had oversight of staff infection prevention and control (IPC). This enabled them to identify any concerns with staff IPC and support them to make the improvement to their practices.

Staff who were responsible for the administration of medications had not had their competency assessed. This meant that managers had not assessed the staff's ability to manage medications safely and appropriately. Effective competency medication assessments could have identified some of the concerns we identified with the management of medications. It is important that staff medication management have been assessed as are safe and compliant with guidance. (See requirement 1 in 'How well do we support people's wellbeing?')

Areas for improvement

1. Managers should review the training plan, ensuring that realistic timeframe for completion and plan for staff to be allocated time to meet their training requirements. This is to ensure that people are supported by a staff team who have the necessary skills and knowledge to deliver safe and effective care and support.

This is to ensure that 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).

How good is our setting?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

The home appeared clean and was odour free. The domestic assistance stated there was sufficient time to do their duties. One day a week there were two domestic assistants on duty, and this was seen as an opportunity to do deep cleans of rooms. The domestic provision ensured that people lived in a clean and odour free home.

Throughout the service oil diffusers and various types of air fresheners were used. Staff need to be mindful that these are an irritant to people living with chronic respiratory illnesses.

People's bedrooms were comfortable and homely. Many had been personalised to a good level and this created warm and welcoming places for people to spend their time. However, we found that some bedrooms were untidy and needed better organisation. For example, moving and handling slings left lying on chairs, items cluttered and disorganised on cabinets and furniture. This made the rooms look untidy, would impact on the ability to keep clean and on people's ability to access the items that were important to them. Staff should ensure that people's bedrooms are tidy through appropriate storage and organisation.

Managers completed weekly checks on call buzzers to ensure they were working. There should be ongoing oversight of the location of buzzers to ensure they are within reach when people are in bed.

The lounge was well decorated and very comfortable. People praised the décor and the furnishings in this room. There were sufficient occasional seating and tables. This enabled people to sit comfortably and have their drink and other items close at hand.

The dining room was well laid out and there were sufficient tables and chairs to offer everyone the opportunity to enjoy their meals here. However, the lighting was poor. One table was located directly under a light and there was a noticeable difference there with the visibility and quality of light compared to other tables which had poor light sources. This impacted on people's comfort and visibility at mealtimes and when they were sat at the tables doing craft or artwork.

The service had a conservatory, and this gave people an alternative lounge area to use. However, people did not access this area, and it was not used during our inspection. The furnishings in the conservatory were dated and this contrasted with the standards and comfort levels of other social spaces. Staff were also using the conservatory as a storage space. For example, dining items, medication items and wheelchairs

were placed in the conservatory. This shared use of space is not respectful and may mean that people consider this area to be a staff area and not for them. Areas that are available for people to use, should be comfortable and not used as for additional storage.

One person had an additional cupboard in their bedroom. This was used to store the services slings. This is not respectful of the persons bedroom being their space and that their comfort should not be interrupted by staff accessing these slings. Managers need to revisit the storage of slings to ensure that it is appropriate and that they are readily available without impacting on people's comfort.

Some areas of the home needed tidied and decluttered. For example, the nursing station was untidy and cluttered. This would make it difficult for the staff to access information and keep this area clean. The corridor used by people beside the kitchen had multiple items stored along the length of the corridor. This could impact on people's ability to access and to walk along this corridor. Shared bathrooms and toilets had large containers with extra toilet rolls, handtowels etc. These could impact on the available space and the ease of cleaning these rooms. Managers and staff should discuss smarter storage solutions to ensure that the rooms and areas that people use and access are clutter free.

The provider and managers had completed a walk round of the home. However, the areas identified as needing repaired, upgraded and refurbished had not been captured on a service improvement plan. This meant there was no recorded overview and plan in place for making the changes and improvements. (See requirement 1 in 'How good is our leadership?')

How well is our care and support planned?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

Care plans and risk assessments were contained within files. These files were comprehensive and the index sheet at the front should have made it easier to access information. However, it was challenging to find specific documents without first flicking through numerous sheets. Staff should revisit the layout of the files to ensure it is easier to access the important information needed to inform people's care and support needs.

Care plan's need to be developed to be more person-centred. The preferences and choices of people as well as their care and support needs, should be used to inform the prescribed care. This will help direct staff to deliver care and support that is right for people. (See area for improvement 1.)

Health professionals had individual records that were completed after they had visited people. This made it easier for staff to access the information from their visit.

One person had a treatment plan in place prescribed by a physiotherapist. The guidance and information were clear, and the care plan was reflective of this. However, staff had not supported the person with the prescribed exercises put in place to help improve their mobility. It was clear that being able to walk was a need for the person and the lack of mobility caused distress and frustration. Managers need to ensure that staff put health professional treatment plans in place in order to improve the health and wellbeing of people. (See area for improvement 1.)

Legal documentation when it was needed, was in place and easy to access. This ensured that staff were aware of the legal powers that were in place and the specific treatment plans that people had.

Wound care plans and assessments were clear and accurate. The ongoing assessment enabled staff a clear picture of the condition of the wound and if there had been any deterioration or improvement. This helped staff to make informed decision making about the wound care and treatment.

Care reviews were taking place. This was an opportunity for people and their family to contribute to the care and support planned. Staff need to develop the content of the records of these reviews. It is important for detailed records of reviews to be taken, to help inform the care and support planned.

Risk assessments for moving and handling were not accurate. There were clear instructions on the type of sling and how to use the sling, however, the actual sling in the person's room was not as recorded in the assessment. It is important that the risk assessment is reflective of the actual care and support people experience. (See area for improvement 1.)

Areas for improvement

1. Improvements should be made to care plans and risk assessments to ensure that they are person-centred and accurately reflect the needs of people. This is to ensure that people get the care and support that they need and want.

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

'My care and support meets my needs and is right for me' (HSCS 1.19).

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
1.3 People's health and wellbeing benefits from their care and support	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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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