

Oversteps (Care Home) Care Home Service

Earls Cross Road
Dornoch
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Type of inspection:
Unannounced

Completed on:
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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 inspection which took place between the 11 and 13 August 2024.

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 a number of people using the service and received fourteen completed survey responses which had been completed with the help of staff
- spoke with seventeen staff and received eighteen completed on line surveys
- spoke with three relatives and received ten completed on line surveys
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Staff consistently supported people with care and sensitivity.
- Communication between the service and relatives had improved.
- We identified the need for some improvements in the recording of people's care.
- Reporting and learning from adverse incidents and complaints needs to improve to drive improvement.
- Staffing levels and skill mix had improved, however people required more support with one to one activities and at mealtimes.
- People lived in a homely and comfortable setting as a result of continuing investment in the building and gardens.
- Care plans were of a good standard.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

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?	4 - Good
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 because strengths just outweighed weaknesses. The strengths had a positive impact on people's experience but there were key areas of performance which needed to improve.

Staff treated people with care and sensitivity. People living in Oversteps described staff as always willing to help. There was a warm and cheerful atmosphere in the home. The whole team appeared to know people well and people's pasts were acknowledged and recognised.

Relatives endorsed this and told us;

"A strength is the way they treat people with dignity and respect"

"I cannot praise Oversteps staff enough in their diligence and care they give my (relative)".

Families told us they were made to feel welcome when visiting their loved ones. The newsletter kept families informed about life in Oversteps and was positively received.

There were strong links with the local community who were involved with supporting Oversteps with musical events and activities such as bingo. These events were very successful and had a positive effect on people's wellbeing.

Relatives said;

"(My relative) seems happy and calm and enjoys the activities provided despite her dementia".

However, external health professionals, who supported the service, raised some concerns about staffing levels and the ability to support people who were living with dementia and experienced periods of stress and distress. There had been recent examples where staff had not contacted the GP or social work team following an unplanned or emergency scenario with an individual. This put people at risk of harm. As a result of this, NHS Highland were supporting Oversteps with extra staff and reviewing people's care needs.

To ensure people's medical needs were met, there was evidence that people's medications were administered, as prescribed, although we identified the need for some improvements in the governance and oversight of the medication system. (See area for improvement 1 below).

Mealtimes were held in a pleasant, spacious dining room. We were told "the food is okay". We discussed the need to make improvements in the management of mealtimes to ensure people benefited from and enjoyed their meals. (See section 'How good is our staff team' and requirement 1 below).

To ensure people were hydrated well, people were offered drinks throughout the day and at mealtimes. Juice dispensers were available to access drinks independently. However, people who were at risk of dehydration or were in their bedrooms required extra support. Records of people's fluid intake were insufficient to confirm they had received the correct fluid intake over a 24 hour period. Similarly, where an individual was at risk of skin damage, the care records did not provide sufficient confidence that regular position changes and skin checks were being undertaken. We discussed measures to improve record keeping. The manager took

immediate action to address this. We have also made an area for improvement. (See area for improvement 1 below).

Finally, the care inspectorate upheld a serious complaint in May 2024, which resulted in a requirement being made to ensure individual risk assessments for all people living in the home who had access up and down the stairs were undertaken. Although action had been taken to address this, we will follow this up in one month. (See Section 'What action has been taken to meet previous requirements' and new requirement 1 below).

Requirements

1. By 30 September 2024, the provider must ensure that people's environment is safe. To do this, the provider must ensure, but not limited to:

a) there are individual risk assessments for all people living in the home who have access up and down the stairs to include access to and use of the lift; and

b) ensure all relevant risks are included in the care homes' emergency evacuation plans including fire.

This is in order to comply with: Regulation 10(2)(a) 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 Health and Social Care Standards (HSCS) which state that: 'I am helped to feel safe and secure in my local community' (HSCS 3.25).

Areas for improvement

1. To support positive outcomes for people who use the service, the provider should ensure, but not limited to:

a) re-positioning, skin checks and the use of topical medications are accurately recorded to evidence the pressure area care that people are receiving;

b) where people are at risk from dehydration, fluid intake is accurately maintained and monitored daily;

c) regular audit of controlled drugs is undertaken to ensure the safe management of controlled drugs; and

d) audits are accurate, up to date and ensure they lead to the necessary action to achieve improvements.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that, 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses. The strengths had a positive impact on people's experience but there were key areas of performance which needed to improve.

The manager had taken positive action to make improvements. Staff and relatives said:

"I have seen a great improvement in the service since the arrival of the new manager"

"Things have improved with the new manager"

"A new leadership team has recently been introduced - with a subsequent increase in communications"

"We've seen good changes already".

The leadership and management of Oversteps had also benefited from an additional deputy manager who was supporting quality assurance activities. This had resulted in an improvement in the number and frequency of quality checks being undertaken since the last inspection. For example, we saw evidence of regular audit of oral care, skin care, infection control and the environment and a monthly report of all accidents and incidents, such as falls. This meant we had increased confidence that managers had oversight of the care and support being provided.

However, where issues or concerns had been identified in these audits, for example, with poor recording of fluid intake, there was limited evidence that action had been taken to address this. Similarly, while we saw evidence of improved analysis following a fall or stressed and distressed reactions, which had put people at risk, we could not always confirm effective action had been or will be taken to make improvements to the quality of care and support. (See requirement 1 below).

At the last inspection we made a requirement to ensure appropriate notifications of certain events to the Care Inspectorate were always made. Notifications allow the Care Inspectorate to check incidents have been managed safely. However, during the Care Inspectorate's complaint investigation in May 2024, it was evident that the service had not fully reported all of the information needed about adverse accidents and incidents. Similarly in July, notifications of events to the Care Inspectorate and social work team were delayed. The manager took immediate action to address this which has resulted in improved reporting and communication, however we will continue to monitor compliance in this area. (See requirement 1 and area for improvement 1 below).

The current service improvement plan was of an improved standard and sufficiently detailed to provide insight into the future direction of the care home. It was positive that the service had recently sought the views of people, their families, and other stakeholders. The results of these surveys were clearly displayed and informed the service improvement plan. This meant people would feel listened to and their opinions taken into account.

In conclusion, there was evidence that effective foundations had been laid to achieve well planned quality assurance and management oversight. However, it is early days in the improvement journey. To identify risks, plan appropriate actions to address risks and drive improvement, requires effective leadership skills, capacity and systems to be in place. The provider needs to ensure sufficient support is available to the service to achieve and sustain improvements. We have re-stated the previous requirement to reflect the current position. (See requirement 1 below).

Requirements

1. By 18 November 2024, the provider must ensure people are kept safe and their health and wellbeing are promoted. To do this, the provider must, at a minimum, ensure there are effective quality assurance, communication, and reporting systems in place.

This must include, but not limited to:

- a) a review of recent events which resulted in harm to people is undertaken to ensure learning from these incidents can be used to drive improvement;
- b) continue to develop quality assurance and audit activities, ensuring the activity includes a plan of appropriate actions to be taken to address areas which require improvement;
- c) regular and meaningful analysis of all accidents and incidents, such as stress and distressed reactions to identify actions required; and
- e) there are sufficient senior management and leadership resources available to support this work.

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

Areas for improvement

1. To support positive outcomes for people living in Oversteps, the provider should but not limited to ensure appropriate and consistent action is taken to include compliance with legal responsibilities, including submission of notifications to the Care Inspectorate in accordance with its notification guidance.

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

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The care inspectorate upheld a serious complaint in May 2024, which resulted in a requirement being made about staffing levels. (See section 'What action has been taken to meet previous requirements' below). At the time of the inspection, staffing levels at night had improved which meant staff were better able to meet people's needs. They told us;

"The extra staff on at night has really improved things"

"The shift struggled to operate before and since another member of staff has been added, it has made a significant difference".

We were reassured that there were processes in place to visit and check each resident on a two hourly basis at night. Between these checks, sensors were also in place, with the consent of individuals or their representatives, to alert staff to people being up and potentially at risk. However, there were a lot of evening and overnight incidents in July which put people at significant risk. We made a requirement to review what happened. (See Section 'How good is our leadership' and requirement 1 above).

The service had made considerable progress in the recruitment of new staff. This meant a significant proportion of care staff had been employed within the last year. To cover any absences, agency staff were also working in Oversteps. Some were well known to the service, which benefited the continuity of people's care and support.

To determine staffing levels and skill mix, the manager had established a monthly assessment process, which included the impact of having new and potentially inexperienced staff. Each person's care and support needs were assessed to determine how many staff hours were needed to meet their needs.

Although staffing levels were improved at the time of the inspection and people were provided with responsive care, there were some exceptions. For example, there were insufficient staff available at mealtimes. People did not always receive the right support to help them eat the best diet for them.

Some family members felt there could be more activities and said;

"It would be good to have more days out, and more activities for residents"

"My relative would benefit from more one to one time".

We concluded that the increased staffing levels appeared to have resulted in improved outcomes for people, however staffing levels remained fragile and there were still areas of concern, as outlined above. We have rewritten the requirement to reflect the findings at this inspection. (See requirement 1 below).

Oversteps had plans to admit new people to the home. To ensure this does not have an adverse impact on people's wellbeing, we discussed the need for a thorough assessment prior to admission. This will ensure everyone involved in the person's future care and support arrangements are satisfied staffing levels are right to meet everyone's needs. (See requirement 1 below).

Requirements

1. By the 18 November 2024, the provider must ensure that people are supported at all times by sufficient numbers of suitably skilled staff to meet their health, safety and wellbeing needs.

In order to do this, the provider must;

a) ensure that the skill mix and number of staff on duty is sufficient to ensure that there are sufficient levels of support in place to ensure residents safety and wellbeing;

b) this should include staffing arrangements are right to meet the needs of people at mealtimes and can support people with meaningful activities; and

c) a full pre-admission assessment is undertaken to determine if Oversteps, to include staffing levels and skill mix, can meet the care and support needs of any new admission.

This is in order to comply with: Regulation 4(1)(a) 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: 'My needs are met by the right number of people'. (HSCS 3.15).

How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People living in Oversteps benefited from a comfortable and homely setting. It was clean and tidy and visitors told us they were made to feel welcome. People had individualised their bedrooms and enjoyed spending time in them.

Individuals could choose to use private and communal areas and had the right to privacy when they wanted. There was continued investment in the environment and new carpets for the stairs and main hall were to be installed in the near future. This will further enhance the environment, reduce the risk of slips and trips and make it easier to keep clean.

The service's improvement plan included making improvements to the lovely garden areas. The introduction of raised flower beds, circular and returning pathways, will make sure the outside space is more accessible for walks and fresh air for people living with dementia and allow wheelchair users to access freely. Additional seating areas would be beneficial to enable people to have a rest or choose where they sit.

Housekeeping staffing levels were improving. The staff worked hard to keep the environment clean whilst maintaining a homely atmosphere. These measures minimised the risk of spread of infection. There was no evidence of intrusive noise or smells.

Overall, repairs and maintenance were addressed effectively, including fire safety, water temperature checks and fire training to keep people safe. This meant people benefited from living in a safe and well-maintained environment.

The provider had taken appropriate action to undertake an annual good practice audit of the environment to assess if it was of a dementia friendly design. This highlighted a number of areas for improvement which included suggestions for personalised signage externally to each room to help orientate individuals to their room and as a talking point.

In conclusion, the provider had made clear progress to make sure people living in Oversteps experienced a warm, comfortable, welcoming environment with some planned areas of improvement needed to maximise wellbeing which will be followed up at the next inspection.

How well is our care and support planned?

4 - Good

We evaluated this key question as good. This means there were important strengths, however some improvements are required to ensure support planning consistently informs all aspects of the care and support people experience.

The electronic care planning system had strengthened the quality of information provided about people's care and support needs. This meant, in the majority of those reviewed, there was sufficient information for staff to use people's personal plans to deliver care and support effectively.

For example, health and risk-based assessments were completed when people moved into Oversteps. The results of these assessments informed people's care plans. For example, setting out how staff were to safely support individual's eating and drinking, skin care needs or keep people safe. The assessments, such as skin damage risk assessments were reviewed monthly to ensure they reflected people's current care needs.

People's nutrition care plans were up to date. Referrals to the dietician had been made for advice where a person had lost weight or had special dietary needs. Regular oversight of people's nutritional intake and weight was undertaken where required. All of these measures and actions provided assurance that people's health were being monitored.

There was evidence of meaningful involvement with relevant professionals, for example mental health nurses. They provided written guidance about how best to support people living with dementia. We discussed the need to ensure any guidance provided is read by all staff. People's care plans should also reflect the guidance to ensure information to ensure staff know how to respond or prevent distress, or an escalation of distress. (See area for improvement 1 below).

Where stressed and distressed incidents involving residents had occurred, new or agency staff did not always know how best to respond. We discussed the need to make sure all staff are provided with sufficient information at each shift. This could be in the form of a daily 'safety brief' to provide information about how to minimise and respond appropriately to stress and distress. (See area for improvement 1 below).

The majority of families or those important to them had been involved in reviewing their loved one's personal plans with the staff in the last year. The local social work team were in the process of completing reviews to ensure Oversteps could meet their needs. However, it is important that where possible people are involved in these reviews. This will provide an opportunity to take account of their wishes and choices and to help people to live well, right to the end of their life. We will follow this up at the next inspection.

Areas for improvement

1. To support positive outcomes for people living with dementia and in particular those who experience stress or distress, the service should ensure as a minimum;

a) guidance and recommendations about approaches that will prevent and reduce people's stress and distress provided by health professionals is read by all staff, including new and agency staff;

b) this guidance is include within people's personal plans;

c) there are effective measures in place to inform new and agency staff about approaches that will prevent and reduce peoples' stress and distress; and

d) people's care plans set out how to maximise people's independence and their identified outcomes.

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

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

Requirements

Requirement 1

By 23 February 2024, the provider must ensure people are kept safe and their health and wellbeing are promoted. To do this, the provider must, at a minimum, ensure there are effective quality assurance, communication, and reporting systems in place.

This must include, but not limited to:

- a) quality assurance activities cover all key areas of the service's care and support to people, for example, meaningful analysis in the event of all accidents and incidents, such as a fall, pressure ulcer or stress and distressed reactions;
- b) the outcomes of these activities should inform a service improvement plan which includes clear priorities, timescales and demonstrate the impact of any planned improvements;
- c) appropriate action is taken to include compliance with legal responsibilities, including submission of notifications to the Care Inspectorate in accordance with its notification guidance; and
- d) additional resources to support effective leadership and management is available to support this work.

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

This requirement was made on 20 October 2023.

Action taken on previous requirement

There was evidence that effective foundations had been laid to achieve well planned quality assurance and management oversight. However, it is early days in the improvement journey. To identify risks, plan appropriate actions to address risks and drive improvement, requires effective leadership skills, capacity and systems to be in place. The provider needs to ensure sufficient support is available to the service to achieve and sustain improvements.

We have rewritten the previous requirement to reflect the current position.

(See Section 2 'How good is our leadership' and requirement 1 above).

Not met

Requirement 2

By the 30 June 2024, the provider must demonstrate that the level of staffing is sufficient to meet the needs of residents living in the care home taking account of The Health and Care (Staffing) Scotland Act 2019.

In order to do this, the provider must;

- a) ensure that the skill mix and number of staff on duty is sufficient to ensure that there is consistency in how the care needs of residents are met, and that sufficient levels of observation are in place to ensure residents safety and wellbeing
- b) the staffing arrangements must be responsive to the changing needs of residents and to any changes within the service
- c) ensure that all staff on day shift and night shift are appropriately skilled and deemed competent to support any potential emergency that may arise
- d) ensure the service's "on-call" system is available when staff require support from this.

To be completed by: 30 June 2024

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made on 13 April 2024.

Action taken on previous requirement

This requirement was made as the result of a Care Inspectorate complaint investigation which took place between 2 and 7 May 2024.

There was evidence that increased staffing levels appeared to have resulted in improved outcomes for people, however staffing levels remained fragile and there were still areas of concern, as outlined in Section 3 'How good is our staff team'.

We have re written the requirement to reflect the findings at this inspection.

See Section 3 'How good is our staff team' and requirement 1 above.

Not met

Requirement 3

By 30 June 2024, the provider must ensure there is an assessment of how people are kept safe when accessing the care home's main stairway.

In order to do this the provider must (but is not limited to) include consideration of;

- a) individual risk assessments for all people living in the home who have access up and down the stairs
- b) ensure that people who have rooms upstairs in the home have personal emergency evacuation plans with details of how they require support via stairs to evacuate in an emergency
- c) risk assess for all people (residents, visitors, staff) entering and leaving the lift at top of stairs, and risk to people standing at top of stairway with use of equipment such as wheelchair, zimmer frame waiting on lift to arrive
- d) regular reviews of this should be undertaken to reflect the changing needs of people living in the care home for e.g. people who may have progressive health conditions; cognitive impairment, living with dementia and people with sensory impairment
- e) ensure all relevant risks are included in the care homes emergency evacuation plans including fire.

To be completed by: 30 June 2024

This is to ensure care and support is consistent with Health and Social Care Standard 5.17: My environment is secure and safe.

This is in order to comply with:

Regulation 10(2)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) 10

This requirement was made on 13 April 2024.

Action taken on previous requirement

This requirement was made as the result of a Care Inspectorate complaint investigation which took place between 2 and 7 May 2024.

The majority of the requirement has been met. We saw evidence of clear fire evacuation plans for residents living on the top floor in regard to how they would access the stairs in the event of a fire. For example, some would be moved to a safe area until the fire service gave instructions, whilst others could be supported to go down the stairs by one or two staff. These were evaluated monthly.

A general risk assessment of the use of stairs and new signage was in place. Replacement flooring will further reduce the risk of tripping. The majority of residents who could use the stairs were able to do so safely and this was noted in their individual stair risk assessments. Alarms were in use on some people's doors so that staff knew they had left their room and staff could support individuals to use the lift safely.

However, some risk assessments need to be expanded further in some cases. We concluded that this requirement has not been fully met and will be followed up in one month.

Not met

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) use information about people's past and present interests and wishes to develop individual activity plans which reflect their preferences, skills and choices, particularly, but not limited to, where an individual is experiencing stress and distress;
- b) evaluate the effectiveness of the available hours allocated to the activity coordinator to enable this to happen; and
- c) ensure there are sufficient staff on duty to support people to access the gardens, promote an active life and take part in meaningful conversations.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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 20 October 2024.

Action taken since then

The part time nature of the activities coordinator role meant there were periods during the day when people received limited stimulation. We remained concerned that access to meaningful activities should be based on the needs of people rather than a set amount.

We have closed this area for improvement and included this area within a re written requirement to reflect the findings during this inspection as outlined in 'How good its our staff team' and requirement 1 above.

Previous area for improvement 2

To ensure that people can have confidence in the staff and their care and support needs are met, the provider should ensure;

- a) all care staff are provided with training and clear guidance about the safe management and stock control of all medications which are prescribed for people, including controlled drugs;

b) where medication is prescribed 'as required' staff should evaluate and document the effectiveness of the medicine to ensure it is meeting people's health and care needs;

c) the use of topical medications which are applied to people's skin are accurately recorded on a topical medication administration record (MAR); and

d) there is an on-going audit of medication practice, staff skills and record keeping, and where there are indications of poor practice, 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 (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 20 October 2023.

Action taken since then

The medication system was much improved since the previous inspection. It was well organised and we could evidence that people's medications were administered, as prescribed.

The recording of topical medications which are applied to people's skin were not consistently recorded and we identified the need for improvements in the governance and oversight of the medication system.

As outlined in Section 1 'How well do we support people's wellbeing' and area for improvement 1 above, we have made a new area of improvement to reflect the findings of this inspection.

Previous area for improvement 3

To ensure that people can have confidence that staff will meet their care and support needs, the provider should ensure, but not limited to:

a) all staff complete training according to their role, that will enable them to meet people's health and care needs, with an initial focus on dementia and supporting people who experience stress and distress;

b) there is an on-going audit and observation of staff competence, skills and record keeping, where there are indications of poor practice, this is recognised, and prompt action is taken to address this; and

c) there is regular supervision and an annual appraisal is offered to all staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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 area for improvement was made on 20 October 2024.

Action taken since then

Sufficient progress had been made in this area and staff felt more confident and competent in dealing with such situations. We were also able to confirm that staff were in receipt of supervision. This provided an

opportunity to discuss their progress and future personal and professional development with a senior member of staff to support. The service needs to ensure observation of staff practice are fully embedded and this will be followed up at the next inspection.

This area for improvement has been met.

Previous area for improvement 4

To ensure Oversteps is a safe and well maintained setting for the people who live there, including the wishes and wellbeing of people living with dementia, the provider should ensure, but not limited to;

- a) the identified environmental improvements are completed;
- b) people living in Oversteps are involved in decisions about the improvements in ways which are meaningful to them;
- c) there is an environmental action plan which includes clear priorities, timescales; and
- d) any improvements made both indoors and outside follow the principles for dementia friendly design.

This is to ensure that the setting is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is secure and safe' (HSCS 5.17) and

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment (HCSC 5.22).

This area for improvement was made on 20 October 2023.

Action taken since then

As outlined in Section 4 above 'How good is our setting', the provider had made clear progress to make sure people living in Oversteps experienced a warm, comfortable, welcoming environment with some planned areas of improvement needed to maximise wellbeing which will be followed up at the next inspection.

This area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.2 People get the most out of life	4 - Good
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?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
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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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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