

Overdon Care Home Care Home Service

Kintore
Inverurie
AB51 0YP

Telephone: 01467 632 267

Type of inspection:
Unannounced

Completed on:
12 November 2024

Service provided by:
Cubanhall Limited

Service provider number:
SP2003002310

Service no:
CS2006132870

About the service

Overdone Care Home is registered to provide care and support to a maximum of 18 older people. The home is a detached, traditional build house which has been extended. It is located on the outskirts of Kintore, Inverurie and is set overlooking the countryside. The provider is Cubanhall Ltd.

About the inspection

This was an unannounced inspection which took place on 10 November 2024 between the hours of 13:45 and 17:00 and 11 November 2024 between the hours of 10:30 and 14:30. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about the 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 eight people using the service and six of their family;
- spoke with eight staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

Key messages

The atmosphere at Overdon was homely, calm, and relaxed.

Improvements had been made to the management of 'as required' medication.

Staff knew people well and responded to people's needs timeously.

People and their families were happy with the care and support.

The manager should develop a service improvement plan to support the continuous improvement of 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?	5 - Very Good
How good is our staff team?	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?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People benefited from a consistent staff team; the relationships and connections supported good outcomes for people as staff knew people well. We observed that people looked well and appeared comfortable. People told us they liked that the home was small and homely.

The service had good oversight of people's health and well-being. People's care plans contained information about individual needs, likes, dislikes, preferences, life story and end of life wishes. Time had been taken to get to know people living in the service. This meant staff had access to information to understand and support all aspects of people's needs. We were aware that the manager of the service was reviewing care plans to improve these further.

People were referred to relevant external health professionals timeously. This helped ensure people received the right support at the right time. Information about falls, pressure care, accident and incidents were documented clearly including actions to be taken. This meant the service was working to manage risk and there was learning from any adverse events. A visiting professional told us that "the staff are respectful when talking directly to, or about, individual residents. One thing that I particularly notice is that the staff are naturally focused on person-centred care."

A handover took place every day and this helped staff understand how people were, but also if there were any changing needs. It was positive that the handover also considered whether people had enjoyed a family visit. The service was evaluating people's experiences.

People's medication was managed well. The manager's audit was working well and identified errors quickly. We observed that some people had large stocks of topical creams. We fed this back to the manager. We were confident the manager would review this. The service should also ensure that topical creams should be labelled with a date of opening. This is to make sure that people do not receive medication past its shelf life.

We observed that people had access to a range of activities. There was a weekly planner and one for the rest of the year for seasonal events. On the first day of the inspection, people enjoyed watching the Remembrance Service. People could choose what they wished to participate in. The service had photographs which evidenced how much people enjoyed the range of different opportunities, for example, a local parent and child group attending, entertainment and other events. Staff also spent time with people who preferred to stay in their room. Staff knew what kind of music people enjoyed and would ensure it was playing softly in the background. These experiences enriched people's lives. The home was very relaxed and calm.

People told us that they enjoyed the food and had been consulted about the menu options. Kitchen staff had a good understanding of people's nutritional needs. This ensured people received the right diet. The communication was good, and the kitchen was regularly updated with any changes to people's dietary needs. If people did not like the options, an alternative would be offered. One person told us "I have no complaints and sometimes have seconds."

The service had appropriate policies and procedures in place to support and guide staff. People's finances were managed safely. The home was clean, and the bathroom had been refurbished. Staff had access to appropriate levels of Personal Protective Equipment (PPE). This helped protect people from infection.

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.

Staffing levels reflected people's needs. Dependency assessments helped inform rota planning to ensure there was enough staff on shift. People benefited from a consistent staff team that knew people well. Staff had time to spend with people which people appreciated. This helped promote people's emotional well-being. Agency staff were only used to cover shortages. The manager advised that the service was trying to recruit more bank staff to cover these occasions.

We observed that staff were visible throughout the service. Families told us that staff and management were visible and approachable. People told us that they did not need to wait long if they needed assistance.

Staff appeared confident and motivated. Staff meetings took place, and it was positive that the Health and Social Care Standards were a discussion point in these meetings. The staff team appeared to work well together.

The staff team benefited from one-to-one supervision. There was a robust induction in place which included progress meetings for new staff. There was appropriate paperwork in place.

Staff had access to a range of training, however we observed a high number of staff had not completed some of the training. We discussed this with the manager and requested that the manager and provider consider any barriers to staff completing training (see area for improvement 1).

Areas for improvement

1. To support people's needs and wellbeing, the provider should review staff training and how staff can be supported to complete training. This is to ensure that people receive care and support from staff who are qualified and trained.

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).

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's needs and wellbeing, the provider should ensure that there is a clear protocol in place for all medication. This should include, but is not limited to, as required medication, atypical prescriptions and care notes.

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

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

This area for improvement was made on 23 February 2023.

Action taken since then

An action plan was submitted following the last inspection outlining the actions the service planned to take. During the inspection we observed that PRN protocols were in place and also for topical medications. We did observe that there was not always a countersignature on the protocols. We discussed this with the manager of the service and were confident this would be addressed. This area for improvement has been met.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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