

## Overtonlea (Care Home) Care Home Service

Overtonlea Care Centre  
Levenwick  
Shetland  
ZE2 9HX

Telephone: 01595 745 032

**Type of inspection:**  
Unannounced

**Completed on:**  
7 April 2025

**Service provided by:**  
Shetland Islands Council

**Service provider number:**  
SP2003002063

**Service no:**  
CS2005097968

## About the service

Overtonlea (Care Home) is a purpose-built residential service in Levenwick, overlooking Levenwick Bay with coastal views and proximity to the health centre and a bus stop.

The home is registered to provide long term and respite care to a maximum of 15 adults. The home has several communal areas; two well-presented lounges, one with dining tables and kitchen facilities, a garden area, and an enclosed patio area. The bedrooms have en-suite facilities and there are additional bathrooms and toilets throughout the building. The provider is Shetland Islands Council.

There were 11 people living in the home at the time of our inspection.

## About the inspection

This was an unannounced inspection which took place on 6 and 7 April 2025. 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 three people using the service and four of their visiting family and friends
- spoke with nine staff and management
- observed practice and daily life
- reviewed documents
- received electronic feedback from two visiting professionals, one relative and three members of staff.

## Key messages

- People were supported in a homely environment which supported social interaction with each other and with visiting family and friends.
- People's health and care needs were met well by a staff team that people felt they had good relationships with and who knew them well.
- All staff, including agency staff, had access to good quality information about people and their likes and dislikes through well written and up-to-date personal plans.
- Difficulties with recruitment had been addressed by extending longer term contracts to agency staff. It is important to ensure that these agency staff have access to the same support and training as permanent staff members.

## 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 staff team?	4 - Good
How good is our setting?	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?

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 benefitted from being supported in a small group setting that felt homely and welcoming. Families and friends visited regularly and this ensured that people remained connected to the people who were important to them.

People told us that they had good relationships with the members of staff in the care home. This meant they felt they had good relationships that supported them to feel at home.

In addition to meals that were enjoyed by people, there was a small kitchen space available for use which was well stocked with drinks and snacks and ensured that people had quick access to refreshments when they requested these. Mealtimes were a pleasant experience and people's dietary needs were met. This meant that people's nutritional needs were well met.

There were regular surveys and meetings for residents giving people opportunities to share their views. This meant that people were able to influence and shape the care and support they received. We discussed with the management team that they could improve how they demonstrated that people had been involved in shaping the service. This included highlighting people's feedback in the service improvement plan.

Personal plans were well written, and person centred. These included good information about people's likes, dislikes and preferred routines. Plans were reviewed regularly and kept up to date about the person's current health and welfare needs. This meant that staff had the information they needed to ensure that people were supported well.

Medication was well managed with effective processes in place for monitoring of stock levels and ensuring that medication has been administered correctly. This meant that people could be confident they would have their health needs met.

The provider had robust processes in place for recording and reporting on incidents that occurred within the home. We reviewed the reports made internally and were confident that appropriate actions were taken to learn from and prevent incidents. However, there were gaps when it came to reporting to the Care Inspectorate. This was an existing area for improvement from a previous inspection and as a result, will remain in place.

People were supported to access the community by going out with staff and special occasions and meals were catered for. A seasonal crafting table was available for staff and residents to use, and we saw that staff supported residents to engage with this. This meant there were easy to access activities for people to engage with; this helped support them to be entertained.

## How good is our staff team?

## 4 - Good

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

The ratio of staff to people they support was good and staff and people told us they benefitted from this as there was time to spend together and build up very strong relationships with each other. This meant that people were able to trust the staff who were supporting them. Staff told us they felt well supported by the management team and that the team all work well together. Staff had access to regular training and a support and supervision system which included a process of continuous conversations designed to ensure staff were well supported and able to reflect on their practice. This meant that staff had opportunities to learn and improve their practice as well as to ensure their own wellbeing needs were met.

The number of staff on shift was responsive to the needs of people using the service. Additional staff were put on shift if required, and adjustments to shift times could be made to meet people's needs. This meant that people were supported by the right number of staff at the right time.

Due to issues with recruitment, Shetland Islands Council were making use of agency staff on fixed term contracts. This ensured that there were sufficient numbers of staff on shift. Ensuring the agency staff continued working in the same service for an extended period of time meant that they had time to get to know the home and the residents.

Agency staff were recruited from agencies across the UK. These staff were employed through different agencies, which meant that they did not all have the same training when they started work in Shetland. It is important that agency staff are providing the same good quality of care as the staff employed directly by Shetland Islands Council. These staff should also be aware of relevant policies and legislation for working in care in Scotland. To do this, agency staff should be able to access training, supervision and other support as available to staff employed directly by the local authority. Some agency staff also noted that they would find it beneficial to have information about life in Shetland available to them to support them to build relationships with residents (see area for improvement 1).

Agency staff were often working a lot of hours. While they were happy to do this, it is important that their wellbeing is taken into account and rest time provided. This can be done through processes, such as support and supervision. This would help to ensure that people were supported by a staff team who were rested and able to support people well. We have written an area for improvement to ensure the service offers this support to the agency staff (see area for improvement 1).

### Areas for improvement

1. In order to ensure that all staff working in the service are able to provide the same high-quality care, the provider should consider how best to support the long-term use of agency staff. This should include access to appropriate training opportunities and support and supervision in line with the local authorities' policies.

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?

4 - Good

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

The home was clean and well maintained. All appropriate checks to ensure safety were completed regularly. There were plans to make some changes to the building, including an area with drinks available for people to help themselves to. Daily walk rounds were completed by senior staff which ensured that any issues with cleanliness or maintenance were picked up quickly.

The main lounge and dining area was well used and ensured a sociable hub for residents to use. There was easy access to snacks and drinks due to the small kitchen in the communal space. There was an additional quiet lounge which was used largely for family visits, meetings and church services. This was available to residents and their families if they wanted to use it.

The outdoor spaces were inviting and well maintained. One of the spaces was an enclosed courtyard and the other was a garden space which had been built through local donations and volunteers from the local community. This meant that people had access to the outdoors on days when the weather allowed.

We found that the laundry room required to have clear areas that separate clean items from dirty items. This would ensure that infection prevention and control measures with regards to clothing and laundry were maintained. We have written an area for improvement to ensure that the required changes are implemented (see area for improvement 1).

## Areas for improvement

1. The provider should ensure that the laundry room is clearly separated into clean and dirty areas. This includes ensuring that drying racks and ironing equipment are kept to the clean area. This would ensure that laundry practices meet standards for infection prevention and control.

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

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.24).

## 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

The service should maintain a high standard of infection prevention and control by ensuring that:

- a) up to date guidance is available for all staff
- b) all staff receive training in how to follow this guidance, and which products to use in different areas of the home.

This is to ensure infection control practices are consistent with "NHS Scotland, Antimicrobial Resistance Healthcare Associated Infections, Scottish Health Facilities Note 01-05 Safe Management of the Care Environment Cleaning Specification for Older People and Adult Care Homes", (which links in with the Care Home Infection Prevention and Control manual); and

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

'My environment is secure and safe.' (HSCS 5.19)); and  
'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.24).

**This area for improvement was made on 5 October 2022.**

#### Action taken since then

The care home environment was clean. We observed that cleaning schedules were signed off appropriately and the management team completed regular checks on the environment which were able to highlight any issues or concerns. Domestic staff had a clear understanding of the appropriate cleaning products to use for different areas of the home. Staff had access to the most recent guidance for cleaning of the home and infection, prevention and control and received training on infection prevention control.

**This area for improvement has been met.**

#### Previous area for improvement 2

To maintain transparent reporting procedures, the provider should ensure all notifiable events are submitted to care Inspectorate timeously.

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). In line with guidance - records that all registered care services (except childminding) must keep guidance on notification reporting.

**This area for improvement was made on 5 October 2022.**

## Action taken since then

We found that internal reporting and learning from incidents within the local authority was robust. However, the internal guidance did not include clear instruction to staff to ensure they reported notifiable events to the Care Inspectorate. Senior staff we spoke to identified that the management team had recently identified this and there was work ongoing to improve this. We found that there were some events that should have been reported to the Care Inspectorate and had not been.

**This area for improvement will remain in place.**

## Previous area for improvement 3

To ensure staff are trained, competent and skilled, the provider should bring everyone up to date with their training needs.

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, able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

**This area for improvement was made on 5 October 2022.**

## Action taken since then

Within the service, work had been carried out to ensure better monitoring of training completed and upcoming. We saw that training was mostly up to date; some staff were awaiting training, but this had been identified and was in the process of being organised. We have written a new area for improvement to ensure that long term agency staff access training and supervision. This is under key question 3.

**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](http://www.careinspectorate.com).



## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
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?	4 - Good
4.1 People experience high quality facilities	4 - Good

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