

Oversteps (Care Home) Care Home Service

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Type of inspection:
Unannounced

Completed on:
13 May 2025

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 on 6 - 13 May 2025. 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 and reviewed five completed survey responses.
- Spoke with three family members and reviewed eight completed on line survey responses.
- Spoke with the leadership team, six staff and reviewed fifteen completed staff survey responses.
- Received feedback from four visiting professionals.
- Observed practice and daily life.
- Reviewed documents.

Key messages

- Staff supported people living in Oversteps Care Home with care and sensitivity.
- People benefited from a team who worked well together.
- People would benefit from increased access to meaningful activities.
- There were good links with outside health and social work services.
- The service needs to ensure there is enough staff available to meet peoples' needs at all times.
- The internal and external environments were much improved, having benefited from significant improvements.
- The home was comfortable and very homely.
- There were some areas for improvement identified in record keeping and care planning.

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

4 - Good

We made an evaluation of good for this key question. We identified a number of important strengths which, taken together, clearly outweighed areas for improvement.

People experienced warmth, kindness, and compassion from the staff team and were consistently treated with dignity and respect. People appeared well cared for and said:

- "It's super, full of smiles."
- "They are kind and gentle, I have no complaints."
- "The staff are very nice; they look after me well."
- "I am well cared for with showers every day with support."

Relatives echoed these comments, describing the home as welcoming and told us:

- "Staff are the heart of the home."
- "I strongly believe that the staff at Oversteps do everything they can to keep my (relative) well and involved."
- "My loved one's clothes are always clean, and they always look tidy."

However, some families raised the need for more opportunities to participate in meaningful activities, such as entertainment or trips out for people. In the absence of an activities co-ordinator, there appeared to be a reduction in the range of activities available. The service had successfully recruited a new care worker to take a lead role in promoting activities.

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 for further detail.

People were encouraged to go to the dining room for their meals held in a large and pleasant dining room. This redesigned area included a carpeted area with comfortable seats where some people chose to eat. Food was of a good quality, home cooked and hot, with a choice available. Staff took time to show plated options to assist people living with dementia to choose their meal. People's dietary preferences were respected. There was effective communication about people's dietary needs between staff and the chef.

However, there was an absence of staff support on two occasions. This meant people who needed encouragement to eat were left for a significant period. This was a risk to their dietary intake and wellbeing. It was positive that during subsequent mealtime observations, the event was better organised and well supported by staff. This meant everyone had access to a varied, well-balanced diet.

Recording of fluid intake was not consistently completed properly. There was a risk people may not reach their fluid goals which could lead to dehydration and poor health. It was not clear what action was taken to address this. We have made an area for improvement to ensure mealtimes are consistently well supported by staff and fluid intake records are accurately maintained (**see area for improvement 1 below**).

To ensure that people's medical needs were met, there was effective management and oversight of people's medication to ensure that people received their medicines. This included 'as required' medicines. Furthermore, there were good links with the local GPs, nurses and social care staff. A weekly meeting to

discuss any concerns about people had resulted in improved communication about any changes in people's health needs. We discussed ways to further improve communication to make sure people consistently received the right support from the right person at the right time.

Areas for improvement

1. To ensure people always receive the right support to eat and drink well, the service should:

- a) Ensure care and kitchen staff are deployed effectively at mealtimes; and
- b) where people are at risk of dehydration, fluid balance charts are accurately maintained.

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

'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS 1.34); and

'My needs are met by the right number of people'. (HSCS 3.15).

How good is our leadership?

4 - Good

We made an evaluation of good for this key question. We identified a number of important strengths which, taken together, clearly outweighed areas for improvement.

The service had an established calendar for monitoring standards. For example, audits of record keeping in relation medication and infection prevention and control. In the majority of cases, these were sufficiently detailed to identify actions needed for improvement. Following an adverse incident, such as a fall, there was sufficient evidence that the event had been reviewed to establish if anything could have been done to prevent it.

However, we discussed the importance of undertaking a deeper look into more significant incidents which had resulted in injury or harm. For example, a root cause analysis if an individual developed a pressure ulcer. This process would be more effective in identifying any learning for the future.

The service had a prioritised improvement plan that demonstrated a clear understanding of what improvements were needed and by when. It was updated as progress was being made. This document set out the future direction of the care home. We encouraged the manager to complete a self-evaluation to further support improvement. This should include staff and people who live in Oversteps so that everyone feels listened to.

Families of people who lived in Oversteps spoke positively about the positive impact of the leadership team has had in Oversteps. For example:

- "The current leadership team has made a big difference to the way Oversteps is run."
- "We have seen a lot of improvements since (my relative) was admitted."
- "The leadership team has improved with the changes made over the past eighteen months or so."

A visiting professional said:

- "I always have access to management if required. There is a more stable shift leadership visible now."

It was positive that there was increased leadership capacity at different levels. This included the appointment of a deputy role supported by senior care workers who were also involved in quality assurance activities. They demonstrated a good understanding of their responsibilities to support improvements in the quality of care and support.

This included making sure relatives were kept informed about any changes in their loved one's health or following an incident. Relatives said communication with them had improved. For those relatives who did not live locally, the manager's newsletter kept them up to date. Feedback from relatives about the service's response to incidents was positive, having been dealt with in an open and transparent way.

Moving forward, the challenge will be ensuring recent and future improvements are sustained. Senior staff at all levels will need a clear understanding of their role in monitoring practice and supporting improvement activities.

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.

People living in Oversteps benefited from a warm atmosphere because there were good working relationships between the staff team and managers. Visitors felt welcomed. It was evident that the whole team had formed strong, trusting relationships with people living in Oversteps.

Everyone, including staff who were not involved in providing direct care and support, appeared to know people very well. Care was provided in a well-paced and courteous manner. People living in Oversteps were on the whole settled and content and said:

"I like the people that work here."

Staff were positive about working in Oversteps which meant the turnover of staff was reduced because staff enjoyed working there. They said:

- "The home has a collective vision, and we really feel listened to."
- "We are good at working between us and covering shifts."
- "We are now retaining staff."
- "We're developing into a really good team."

However, a number of staff said:

"We could do with one more member of staff during the day."

This view was shared by some relatives who said:

- "They do need have more staff especially in the evening and night time."
- "Sometimes feel residents are left to their own devices....when staff levels are low."

During the inspection we looked at the skill mix, numbers and use of staff to ensure they could meet the needs of people. There was an established process for assessing how many staff hours were needed which included a regular review of people's dependency levels and the staff hours needed to meet their needs.

This process aimed to ensure there were sufficient staff to provide the care and support people required. Staffing levels were consistently reported to be set at an 'average' level. This was a risk because any unexpected absences or leave could have a negative impact on the number of staff available.

There were measures in place to reduce this risk. For example, it was positive that staff were flexible in their response to changing situations. The service also used agency to cover absences, including enabling staff to attend training sessions. Some agency staff were familiar with Oversteps having worked there regularly and were familiar with people living in the home. This meant people were more likely to experience continuity of care. When an individual's care needs increased significantly, for instance at end of life or when people were experiencing stress and distress, the manager was quick to apply for additional staff. These actions provided assurance that appropriate action was taken to make sure that sufficient staff would be available to meet people's needs and keep them safe.

However, despite an improvement in staffing levels and the commitment of the staff team, there was a need to make sure there was effective leadership and deployment of the staff team in the building at all times. This would ensure people's support needs could be met and the safety of people. This included mealtimes, as outlined in Section 1 above. To ensure a continued focus on this we have re-written the previous area of improvement (**see area for improvement 1 below**).

Areas for improvement

1. To ensure the safety of residents and people's care and support needs can be met, the service should ensure:

- a) Sufficient staff are always available; and
- b) There is effective deployment of the staff team throughout the building at all times, including mealtimes.

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 were happy with the environment and said it was like 'home from home.'

Family members told us:

- "Oversteps is an older property that has a homely feel. There is evidence of upgrading work being carried out inside and out. The outside space is a real asset, and there seems to be work underway to enable more use of that."

However, some relatives raised concerns in relation to laundry and said their relative had received other people's clothing and some had gone missing. This could impact on people's dignity and wellbeing. Some care staff also raised concerns about lack of housekeeping staff to deal with the laundry. We discussed this during the inspection and the manager provided assurance that these concerns would be followed up and addressed.

The home was clean, airy and smelled fresh. Housekeeping staff were diligent in their cleaning. We saw completed records evidencing the cleaning undertaken by the team. The building was well cared for as a result of continuing investment. Many of the bedrooms have been redecorated, assisted bathrooms and toilets were all in good condition. The building had benefited from new flooring throughout the communal areas.

The service's improvement plan outlined current and future improvements. The garden area had benefited from circular pathways to help people walk about safely. It was enclosed which gave people the freedom to go outside safely. An outdoor gazebo area was being built, flowering shrubs installed and there were plans for growing vegetables in a 'poly tunnel.'

To make the interior more dementia friendly, areas for improvement had been identified. This included the use of memory boxes outside people's rooms to aid orientation. These were under development with support from family and staff.

How well is our care and support planned?

4 - Good

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

There was evidence that people's care plans were reviewed every month. However, we identified some inaccuracies and out of date information. This could be confusing for new or agency staff who do not know people so well (**see area for improvement 1 below**).

Nutritional risk assessments were in place, up to date and completed consistently. There was evidence that concerns were identified promptly, and appropriate referrals made to a dietician. Following a referral there was detailed information within people's nutrition care plans about their specific needs.

Where people were at risk of skin damage a monthly review of people's risk was undertaken. There was sufficient evidence that this information informed people's skin care plans. To prevent skin damage where an individual was unable to move independently in bed, staff were required to help them change position, on a regular basis. For example, every two hours.

Following completion of this support, staff must record this in the electronic care planning system. However, it was recorded in a number of various places. This meant it was difficult to evidence that repositioning was being undertaken, according to a person's risk level without searching through different entries.

At the time of the inspection, we were able to gain assurance that repositioning was being undertaken but was not recorded correctly. However, this may be putting people at risk of skin damage. We have therefore made an area for improvement to address this (**see area for improvement 1 below**).

Where people are living with dementia and are at risk from feeling stressed, care plans should provide guidance about any triggers for anxiety and stress. This may be a small but significant aspect of people's routine or unique history which could make a difference. The service was taking action to address this through collecting information about people's personal histories and what matters to them as part of dementia awareness week. This will be followed up at the next inspection.

Finally, it was positive that families confirmed they had been involved in a recent review of their loved one's personal plans and found these reviews were helpful.

Areas for improvement

1. To support positive outcomes for people and keep people safe, the service should ensure:

- a) People's electronic care plans are kept up to date and accurate, to include any change in a person's health and care needs or in people's risk; and
- b) Where an individual is at risk of skin damage, repositioning and skin care records are consistently recorded accurately.

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); and

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

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

Requirements

Requirement 1

By 31 March 2025, the provider must demonstrate that the service has an effective system in place when people require emergency first aid. In order to achieve this, the service must:

- a. Review first aid training and ensure all staff, including senior staff, have this and are deemed competent.
- b. Ensure there is an effective protocol in place to guide staff should any emergencies occur.
- c. Regular audits are undertaken to ensure staff remain competent and are compliant with first aid procedures.

To be completed by: 31 March 2025 (extended until 30 June 2025).

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

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 24 January 2025.

Action taken on previous requirement

This requirement was made as a result of a complaint investigation undertaken by the Care Inspectorate on 11 December 2024.

It was created under quality indicator 3.2 'Staff have the right knowledge, competence and development to care for and support people.'

The requirement was not considered at this inspection due to the extended time scale for the requirement of 30 June 2025 not being reached and will be reported separately at this time.

Not assessed at this inspection

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 ensure the safety of residents, staff should be deployed effectively throughout the building.

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).

This area for improvement was made on 28 February 2025.

Action taken since then

This area for improvement has been re-written to reflect the findings of this inspection.

See Section 3 above 'How good is our staff team?' and area for improvement 1.

Previous area for improvement 2

People should have the opportunity to participate in activities that are of interest to them.

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).

This area for improvement was made on 28 February 2025.

Action taken since then

During the inspection we saw the service had a plan for some activities which included a group trip to the Caledonian canal in Inverness. For those who remained in Oversteps, staff took time to engage with people who were inclined to get upset. For example, with a pancake making session.

Where people were sitting alone and disengaged from what was going on around them, staff took time to engage with them directly. The whole staff team was involved in this, including staff who were not directly involved in providing care. People were encouraged to go outside for a walk or read the paper in the sunshine.

However, there were times where people were sitting with less interaction from staff, with the TV or radio on. Some staff and family members raised the need for more opportunities in meaningful activities, entertainment or trips out for people. In the absence of an activities co-ordinator, there had been a reduction in the range of activities available.

This area for improvement will therefore be continued and followed up at next inspection.

Previous area for improvement 3

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).

This area for improvement was made on 7 September 2024.

Action taken since then

Where a person was living with dementia and experienced stress and distress, the psychiatric nurses developed a 'formulation plan' which outlined information about an individual's triggers for becoming stressed. The service included this guidance within an individual's 'positive behavioural support care plan' which meant staff were informed about how to support people.

However, this was less evident where someone did not have a formulation plan. There could be more information about what was important to people, which could be important in preventing stress.

Further detail is provided in Section 5 above 'How well is our care and support planned?'

There was sufficient evidence to consider this area for improvement had been met.

Previous area for improvement 4

People experiencing care can require support to communicate any updates on their health and well being with their families and legal representatives.

The service should ensure that people are supported with this, and any changes in their health and wellbeing, family, and legal representatives are informed timeously.

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 24 January 2025.

Action taken since then

This area for improvement was made as a result of a complaint investigation undertaken by the Care Inspectorate in December 2024.

The service had reviewed their policy for communication with peoples' families and/or legal representatives in the event of any changes in their health and wellbeing. As a result of this, people's care summaries included who to contact in the first instance and action to be taken if staff were unable to make contact with family or a person's legal representative. During the inspection, families told us that there was effective communication about any incidents or changes in their loved one's health.

See also section 2 above 'How good is our leadership?'

There was sufficient evidence to consider this area for improvement had been met.

Previous area for improvement 5

People experiencing who have sensory needs and require support to wear hearing aids or glasses should have a robust plan in place.

This is to ensure care staff know how best to support them and assist with maximising their communication.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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 24 January 2025.

Action taken since then

This area for improvement was made as a result of a complaint investigation undertaken by the Care Inspectorate in December 2024.

The service had reviewed people's care plans to ensure information about people's sensory and communication needs were included. Within individuals' care summaries, it was stated whether hearing aids or glasses were required. This information was also detailed in people's 'communication' and 'personal care plans' to ensure staff assisted people to wear such aids. We discussed the need to ensure this information was kept up to date and accurate. During the inspection, people were seen to be wearing their hearing aids and/or glasses.

There was sufficient evidence to consider this area for improvement had 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	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
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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