

Cornerstone Dundee Housing Support and Care At Home Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
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Service provided by:
Cornerstone Community Care

Service provider number:
SP2003000013

Service no:
CS2004073003

About the service

Cornerstone Dundee provides a care at home and housing support service to 15 people who have a learning disability. The service supports people in their own homes across Dundee in six separate locations.

Cornerstone's focus is to ensure that the people being supported receive the care and support they need to live the best life possible.

About the inspection

This was a short-announced inspection which took place between 29 July and 01 August 2024. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection, we reviewed information about this service, and this included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

During the inspection, we:

- Spoke with seven people using the service and three of their relatives
- Spoke with five members of staff and the management team
- Reviewed documents
- Observed daily practice
- Reviewed questionnaires completed by people using the service, their relatives, staff and visiting professionals

Key messages

- People and their relatives were happy with the care they received
- People's skills and abilities were valued, and their independence was promoted
- Information in some care plans and risk assessments contained conflicting, inaccurate, and out of date information
- There were warm and caring interactions between staff members and people being supported
- Reviews were not always carried out consistently
- Staff focussed on supporting people to have happy and fulfilled lives
- 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?	4 - Good
How good is our staff team?	5 - Very Good
How well is our care and support planned?	3 - Adequate

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 and where appropriate, family members were involved in decisions about healthcare needs and treatment. Due to the staff's understanding of the people, they were supporting, this enabled them to quickly identify changes in their health needs and this ensured people got the correct medical support at the time they needed it. One staff member remarked "we work hard to make sure the people we support live a happy, healthy lifestyle." Relatives commented on their confidence in the staff's understanding and familiarity with the people they supported. One family member told us "(my relative's) health needs are very well taken care of, and staff are very vigilant" and another remarked "staff have a good understanding of (my relative)."

There were strong links between the service and external health professionals and people had access to a range of health assessments. People's healthcare needs were being monitored constantly and any changes were then communicated promptly to staff and family members. The service reacted appropriately to accidents and incidents and summoned medical support when they needed to do so. There was an emphasis on health promotion and people were supported to access community healthcare services from trained practitioners which impacted positively on their physical and mental health. Staff confirmed that people were always supported to attend medical appointments and that the service regarded these as a priority.

There were robust medication systems in place which meant that people received the right medication at the right time. People were encouraged and supported to manage their own medication if they were able to do so. Although there were no concerns about how medication was managed, we did identify variations in how medication administration was being recorded across the service. We discussed with the management team that consideration could be given to standardising their medication recording systems which would ensure staff familiarity and consistency of understanding should they be redeployed within the service and may also assist with management oversight and auditing processes. The management team agreed to look into this matter.

As far as they were able to do so, people participated in planning and cooking their own meals. Staff told us that people were encouraged to consider healthy options when choosing meals and snacks but that their preferences were respected. People always had access to snacks and fluids. The service completed daily food and fluids charts and monitored people's weights where necessary. People benefitted from the service's healthy attitude towards meals and snacks and from having as much control as possible over the foods and drinks they consumed.

Care plans and risk assessments did not always contain crucial information about people's health needs, particularly about dietary requirements and choking risks. Information was not always current, consistent, or accurate which meant there was the risk that people's care arrangements were not delivered correctly and there was the potential for them to be harmed as a result. We discussed this with the management team who agreed to address this matter with immediate effect to ensure that care files were updated, accurate and reflective of people's care needs and support requirements.

How good is our staff team?

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, relatives, staff and visiting professionals told us that they were incredibly pleased with the care provided by Cornerstone. One person being supported commented "everything is fine". A visiting professional remarked that the service was "very professional" and all staff stated that they were happy with the care and support that people received. A family member remarked that their relative had always received "exemplary platinum standard care" and another commented "the service provided for (my relative) is excellent and the staff are dedicated beyond belief, and they are like (my relative's) other family."

Staff told us that they enjoyed their jobs, and one member of staff stated, "it is brilliant." Generally, staff felt supported and well supervised by the management team. One staff member stated, "if I need a manager, it doesn't matter if it is out with working hours, I am always supported." Staff worked well together as a team, communicated effectively with each other, and adopted a flexible approach to their work. One staff member told us "I am flexible, and I will do anything that is needed." We observed warm and caring interactions between staff members and people being supported. People have the right to be supported to communicate in a way that is right for them, at their own pace and by people who are sensitive to their needs. Staff were observed communicating with people in ways that were right for them and at their own pace. Staff were mindful that they were in people's homes, and they respected their living environment, personal space, and privacy. A relative told us "it is very much a home rather than a care setting." People being supported and their family members experienced a warm atmosphere because staff had good working relationships.

The staff we spoke to were committed to ensuring people's lives were enriched, their independence was promoted and that they had control over their own lives as far as possible. A staff member told us "all staff care a lot about the people we support" and another stated that "staff members' hearts are in the right place, they go above and beyond." A family member remarked that their relative's "contentment and happiness is because of the dedicated staff that make (my relative's) life fuller." People benefitted from staff who were kind and compassionate who would go the "extra mile" and they could be assured that the staff who supported them were focused on enhancing their quality of life.

People's care and support packages were decided in accordance with their assessed needs and care requirements. To ensure continuity of care, any staffing absences were managed through an 'advisory line' which allowed staff and managers to be redeployed quickly across the service. Staff confirmed that staffing levels were appropriate, and that staff would at times receive support from other services when required. Thus, any issues in staffing arrangements were resolved quickly by the management team to ensure that there was no detrimental impact on the people being supported. The service demonstrated they had sufficient staffing levels with the right mix of skills which ensured people were being supported safely by the right number of staff who were competent and who had a good knowledge of their needs.

Recruitment files illustrated that the service had safe staffing measures in place. People were involved in the interviewing of new staff and had the opportunity to 'meet and greet' potential candidates to ensure their suitability and compatibility. Staff members were matched to people wherever possible according to their skills and shared preferences. People could be confident that the staff who supported them had been appropriately and safely recruited.

How well is our care and support planned?

3 - Adequate

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

People and where relevant, their relatives were involved in care planning and reviewing care and support needs. The service used questionnaires in a format people understood in advance of reviews to ensure key information was being captured relating to people's experiences of care, their wishes and goals which meant ensured people were integral to decisions made about their care arrangements and their wishes and choices were respected.

The service operated electronic and paper filing systems for care records. Information relating to people being supported was stored in a variety of places, and finding and accessing essential information was difficult. We discussed with the management team that all pertinent information, including correspondence, legal documentation, best practice guidance, protocols and assessment and review documentation should be contained in the one place and should be easily accessible to staff to ensure they had relevant information when they needed it and thus avoid any unnecessary delays in people's care being delivered.

Not all staff we spoke to were familiar with or confident with navigating the electronic care files, so the management team agreed to roll out training where required to ensure that all members of staff were confident and competent in using the system. Staff told us they could not access electronic files at times due to technical issues, which meant they were unable to retrieve information about the people they were supporting. We raised this issue with the management team who established that the files could still be accessed offline. They advised that they cascade this information to the staff team who, like the management team, had been unfamiliar with this facility in the system.

In the sample files we looked at, we found information within care plans and risk assessments which was conflicting, out of date and inaccurate. Information within the paper files did not always correspond with information contained within the electronic files, which meant staff were referring to documents which were inconsistent and confusing. We identified a lack of and conflicting information particularly in relation to nutrition, meaning there was a potential for someone to be offered a high-risk food or fluid which could lead to choking, for example. If staff were unfamiliar with people's care requirements, there was a significant risk of people not receiving the right support. We discussed with the management team that it was crucial for all information in care plans and risk assessments to be accurate, current, and consistent to ensure that people's care and health requirements were being met appropriately. They accepted these issues and agreed to deal with them as a matter of urgency and decided to dispose of the paper files to ensure that all staff were only working on electronic files going forward. **(See Requirement 1)**

People's care needs should be reviewed every six months or sooner if required to ensure that their care plans continue to reflect their personal choices and needs and to ensure that their care arrangements are right for them. Although people's goals had changed, they were not always updated to their current care plans meaning goals could be lost or overlooked. Reviews were not consistently carried out six-monthly and there was no process in place to effectively oversee this. When we discussed this with the management team, they developed a schedule to improve oversight and ensure that reviews would not be delayed in the future. **(See Requirement 1)**

Requirements

1. By 2nd November 2024, the provider must ensure that people's health and wellbeing is supported by comprehensive and accurate records. To do this, the provider must, at a minimum:
 - a. ensure care plans accurately and consistently reflect the current health and care needs of the person with priority given to nutrition and dietary requirements
 - b. ensure risk assessments accurately reflect any identified risks to the person's health and includes an assessment of those risks and the steps that are to be taken to reduce or mitigate these risks
 - c. ensure that there is a system in place to regularly review care plans and risk assessments and that they are updated when required
 - d. ensure that all staff are confident and competent operating electronic systems which are used to document care plans, reviews, and risk assessments
 - e. ensure the management implements an ongoing quality assurance system which creates effective oversight in monitoring reviews, risk assessments and updated care plans.

This is to comply with Regulation 4(1)(a) (Welfare of users) and Regulation 5 (2)(b)(ii)(iii) (Personal Plans) 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 care and support meets my needs and is right for me' (HSCS 1.19) and

'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)

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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