

Cornerstone Aberdeen South Housing Support Service

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Telephone: 01224 256 000

Type of inspection:

Unannounced

Completed on:

25 September 2024

Service provided by:

Cornerstone Community Care

Service provider number:

SP2003000013

Service no: CS2015343108



Inspection report

About the service

Cornerstone Aberdeen South is a housing support and care at home service providing care to adults with a learning disability. The provider is Cornerstone Community Care, a large voluntary organisation and registered charity, which provides care services across much of Scotland. The people they support live in their own homes, sharing with a small group of people. At the time of inspection the service was supporting six people living in two different properties in Aberdeen city.

About the inspection

This was an unannounced, follow up inspection, which took place on 11 September 2024. 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 two people using the service
- · spoke with two staff and management
- · observed practice and daily life
- · reviewed documents
- spoke with visiting professionals.

Key messages

- The service had met three of the four outstanding requirements, demonstrating improved outcomes for people's safety and wellbeing as a result.
- The management team had significantly improved their oversight of the service and found creative solutions to meet people's changing needs.
- Immediate action was required to ensure the service was adequately staffed overnight.

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 g	pood is our leadership?	3 - Adequate
1		

Further details on the particular areas inspected are provided at the end of this report.

How good is our leadership?

3 - Adequate

At our last inspection, we made an evaluation of weak for this key question. The service has improved since then and met the two outstanding requirements, which improved people's health, safety and wellbeing, as well as promoting their choice and independence. As such, we have re-evaluated this key question to adequate.

Please see section, 'What the service has done to meet any requirements made at or since the last inspection', for more information.

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

Requirements

Requirement 1

By 27 June 2024, the provider must demonstrate proper provision for the safety and welfare of services users is made. In order to achieve this the provider must:

- a) Ensure that at all times suitably qualified, skilled, and experienced staff are working in the care service in such numbers as are appropriate for the health and welfare of service users.
- b) Demonstrate that overnight staffing levels take account of people's right to safely have access to food and fluids when hungry or thirsty.

This is in order to comply with:

Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

This requirement was made on 27 May 2024.

Action taken on previous requirement

This was a requirement resulting from an investigation into a complaint. It was followed up during the previous inspection in August 2024, and it had not been met.

The management team had developed a staffing tool and it identified they needed more staff at certain times of the day. They were using this information to negotiate additional hours with the funding authority. However, at the time of the inspection the staffing hours remained unchanged. This meant the number of staff on duty did not always allow for two staff to undertake personal care or medication duties, while another staff member was available to supervise people and ensure they were safe.

There was one member of staff working overnight, with no contingency plan to be able to access additional staffing when required. This had a significant impact on the quality of care overnight. It meant there were not enough staff to assist one person to have a drink when they asked for one in the late evening or overnight.

Although we could see that the provider was working hard to resolve the staffing issues discussed above, the situation had remained unchanged since the time the requirement was made in May 2024. There were not sufficient staff to meet people's complex needs, in a safe and dignified manner. It is essential that people can drink fresh water at all times, in accordance with the Health and Social Care Standards (HSCS 1.39). The provider was in consultation with the funding authority.

The management team had worked hard to develop effective and safe fire evacuation plans, with a particular focus on safely evacuating people at night, when there is only one member of staff on duty and people with specialist manual handling needs (which ordinarily require two staff). Significant progress had been made in collaboration with the fire and rescue service, but further work was required to ensure the safety of the manual handling techniques being used. The service agreed to consult with external health professionals regarding this.

This requirement had not been met and we have agreed an extension until 23 October 2024.

Not met

Requirement 2

By 27 June 2024, the provider must ensure that:

- a) All incidents which are detrimental to the health and welfare of service users are thoroughly investigated in a timely manner.
- b) Incident reports are completed in a timely manner and where applicable notification reports are sent to the Care Inspectorate.
- c) When service users have experienced harm, or are at risk of harm, adult protection processes must be followed in a timely manner, and notifications made to the adult protection team and other appropriate healthcare professionals.

This is in order to comply with:

Health and Social Care Standard 4.18: I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected.

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care)

This requirement was made on 27 May 2024.

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Action taken on previous requirement

This was a requirement resulting from an investigation into a complaint. It was followed up during the previous inspection in August 2024, and it had not been met.

There was a significant improvement in the way in which the provider managed incidents and accidents. We were satisfied notifiable events had been reported to the Care Inspectorate in a timely manner. We could see that the incidents and accidents had been investigated with learning outcomes aimed at reducing the chance of a similar incident happening again. There had been a substantial reduction in the number of medication errors and this demonstrated that upskilling staff in medication administration, with increased management oversight, was improving people's safety.

There was an increased understanding of adult support and protection and when concerns should be reported and discussed with external agencies. We could see adult support and protection matters were raised appropriately and actions taken to safeguard vulnerable people.

Now that the service has a good management system in place for incidents, it should focus on consolidating its learning from adverse events, so as to reduce the overall number of incidents and in doing so, making people safer.

Met - outwith timescales

Requirement 3

By 1 September 2024, the provider must ensure people experience safe support.

To do this the provider must use all quality assurance and audits effectively to make improvements and ensure people's safety. This should include the areas of (and is not limited to):

- · Environmental health and safety.
- Medication administration, recording, stock control.
- · Contingency measures.

This is to comply with Regulation 4(1)(a) and (d) 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); and

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

This requirement was made on 31 July 2024.

Action taken on previous requirement

There was a significant improvement in the management and leadership oversight within the service.

The management team used a range of daily and weekly audits to determine the quality and safety of the environment. Our observations showed that when an issue was identified, for example, fridge temperatures too high or areas not as clean as they should be, this was followed up and rectified.

Medication was regularly audited and the number of missed medication doses had significantly reduced since the last inspection, making people safer.

The service improvement plan demonstrated that actions were being taken to address any identified shortfalls and these were being completed in a timely manner.

The emergency contingency plans had been updated and staff had practised evacuation drills to improve their competency.

The provider should now focus on consolidating these improvements and ensuring that the management oversight remains focused on improving people's outcomes.

Met - within timescales

Requirement 4

By 1 September 2024, the provider must ensure support plans and care records guide effective and safe care for all people.

To do this the provider must, at a minimum:

- a) Ensure all care records are consistent throughout, and with one another.
- b) Ensure that individual people are not disadvantaged by other people's support needs.

This is to comply with Regulation 5 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 future care and support needs are anticipated as part of my assessment' (HSCS 1.14); 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).

This requirement was made on 31 July 2024.

Action taken on previous requirement

The service had been more creative in finding solutions to support people's changing needs, that did not disadvantage other people and was the least restrictive option. For example, one person was accidentally reprogramming the television, preventing other people using it. Instead of removing the remote, they found a remote without the settings button, so the person could still flick through their choice of programmes, without impacting other people's enjoyment. Another person was misusing a household necessity and initially the service locked the household item away, which meant people had to ask for it, removing their choice and independence. The service found a creative solution that now gives everybody access to the

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household item, without posing a risk to the person misusing it. This creative problem solving improved the lives of people living in the service and gave them more choice, independence and control.

Care records had been updated and we found the information within them was consistent and accurate throughout corresponding documentation. For example, people's hospital passports had been updated and this meant if people were admitted to hospital, the staff there would know how to meet people's needs.

The service should now focus on developing a process that keeps documentation up to date.

Met - within timescales

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 respect and safeguard people's cash, the provider should ensure; there is only one system in use; all staff are trained and using it correctly; and records are accurately audited.

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 managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded' (HSCS 2.5).

This area for improvement was made on 31 July 2024.

Action taken since then

We did not look at people's finances during this inspection. We will follow this up at the next inspection

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 good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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