

# Cornerstone Maud Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
10 October 2024

**Service provided by:**  
Cornerstone Community Care

**Service provider number:**  
SP2003000013

**Service no:**  
CS2021000190

## About the service

Cornerstone Maud is a housing support and care at home service for adults, provided by Cornerstone. The service is located in the centre of the village of Maud.

The service has capacity to provide care and support to six adults. The service consists of six individual flats, with a shared communal hall and lounge area. The service also benefits from a shared garden area. At the time of inspection, six adults with learning disabilities and autism were being supported.

## About the inspection

This was an unannounced follow up inspection which took place on 9 October 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 three people using the service
- spoke with six staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

Improvement was evident in some required areas made during the previous inspection. As a result, people's needs were being met more effectively.

There were signs of improvement with the quality and assurance audits; however, this needs to be embedded into practice.

Leaders completed investigations following unplanned events, resulting in improved team learning.

Medication management had improved but people required medication capacity and consent assessments.

People were supported to eat and drink safely by staff that knew their professional guidance.

Some people were supported to meet their goals; however, further improvement is required to ensure all people benefit from outcome focussed support.

The provider had not reviewed policies and procedures to keep people safe if they had a respiratory infection.

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

### Requirements

#### Requirement 1

By 4 October 2024, the provider must ensure that people are safeguarded by robust quality assurance processes and audits, that inform improvement.

To do this the provider must at a minimum:

- a) Review current checks and audits to ensure these meet the needs of the service.
- b) Ensure checks and audits are carried out regularly and that any deficits are investigated and acted upon quickly.

This is 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 is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

**This requirement was made on 30 July 2024.**

### Action taken on previous requirement

Quality and assurance checks and audits had been reviewed. New documents were recently developed to support leaders to audit health and safety, finance, medication and environment. Audits did not always pick up on deficits, for example, where health and safety checks had not been completed. The frequency of audits and checks was currently under review to ensure this met the needs of the service. The provider should ensure that audit frequency is sufficient and that audits address deficiencies within the service. This should result in people experiencing a quality service.

**This requirement has not been met and will be extended until 3rd February 2025.**

**Not met**

## Requirement 2

By 4 October 2024, the provider must ensure that opportunities to learn from unplanned events are executed in order to improve the quality of care and support.

To do this the provider must at a minimum:

- a) Ensure leaders investigate and analyse accident, incident and error reports.
- b) Discuss learning from these investigations with the wider staff team, to ensure team reflection and ongoing development.

This is to comply with Regulation 4(1)(a) (Welfare of users) 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

**This requirement was made on 30 July 2024.**

### Action taken on previous requirement

Leaders carried out investigations following unplanned events, resulting in team learning. For example, staff were supported to reflect on practice following medication errors. Team meetings were supportive. Staff could discuss their practice and how to improve outcomes for people. For example, leaders encouraged staff to share good practice that would benefit a person who experienced stress and distress. People could be confident that the staff team had a culture of learning and improvement.

**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 ensure people benefit from safe infection prevention and control practices, the provider should review its policies and procedures for the management of respiratory symptoms in line with current guidance and legislation.

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

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

'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 30 July 2024.**

#### Action taken since then

The service did not have a policy or procedure that guided staff on how to respond when people displayed respiratory symptoms. Staff were not consistently aware of current guidance for the use of Personal Protective Equipment (PPE). The provider was currently reviewing its infection prevention and control policy, which should ensure people are supported to stay well in the event of respiratory infections. We will review this at future inspections.

**This area for improvement has not been met and will be reinstated.**

#### Previous area for improvement 2

To ensure that people benefit from the prescribed plan of care, the provider should ensure that care and support reflects professional guidance. This should include but is not limited to, menus being aligned with Speech and Language Therapy guidance.

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); and

'My meals and snacks meet my cultural and dietary needs, beliefs and preferences' (HSCS 1.37).

**This area for improvement was made on 30 July 2024.**

## Action taken since then

Care and support was informed by professional guidance. For example, staff knew about altered textured diet recommendations, from the Speech and Language Therapist. People's menus were in line with this guidance and their meals had been prepared so that they could enjoy this safely. People benefitted from care and support that met their needs.

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

## Previous area for improvement 3

To ensure that people receive the correct level of care and support, the provider should review medication assessments and ensure appropriate recording of 'as required' medication.

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

'My care and support meets my needs and is right for me' (HSCS 1.19); and

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

**This area for improvement was made on 30 July 2024.**

## Action taken since then

People were supported to take 'as required' medication when needed. Staff recorded the result of people taking this medication, meaning its effectiveness could be monitored. One person did not have a clear 'as required' protocol in place for medication. The provider should ensure that medication protocols are in place for all 'as required' medications. Care plans did not contain medication capacity and consent assessments. This resulted in care plans detailing the incorrect level of support that a person required. The provider should ensure all people are assessed to ensure the correct level of support, for medication, is in place. This should result in clear directions for staff, to ensure people receive the correct support with medication at the right time.

**This area for improvement has not been met and will be reinstated.**

## Previous area for improvement 4

To ensure that people benefit from open and transparent communication, the provider should review how and when it communicates with families and guardians.

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

'I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing' (HSCS 2.18); and

'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account' (HSCS 2.12).

**This area for improvement was made on 30 July 2024.**

**Action taken since then**

The provider had met with families and agreed how and when they should communicate. Records of the meetings were detailed and had clear actions for improvement. The provider was flexible. Communication methods and frequency were tailored to meet the needs of people and families. People could be confident that the service was communicating with their families more effectively.

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

**Previous area for improvement 5**

To ensure that people benefit from consistent care and support, the provider should review support plans to ensure they contain up to date information about people's care and support and that outcomes are relevant and supported.

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

'My care and support meets my needs and is right for me' (HSCS 1.19); and

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

**This area for improvement was made on 30 July 2024.**

**Action taken since then**

Care plans were not consistently reviewed. Some people's plans had been reviewed; however, others contained out-of-date information. This could result in people experiencing care that does not meet their needs. Progress had been made in supporting one person to meet their goals. One person told us, "Staff helped me save money and I went to a concert". However, other people had not been supported to identify meaningful goals, meaning that their care plan was not outcome focussed. Further improvement is required to ensure people's care and support is informed by up-to-date and outcome focussed care plans. We will review this at future inspections.

**This area for improvement has not been met and will be reinstated.**

**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).

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