

Cornerstone Ellon Housing Support Service

Cornerstone Community Care
Arnha Lower
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Type of inspection:
Unannounced

Completed on:
21 November 2024

Service provided by:
Cornerstone Community Care

Service provider number:
SP2003000013

Service no:
CS2021000205

About the service

Cornerstone Ellon is a care at home and housing support service based in centre of Ellon. The service provides care and support for up to seven adults with learning disabilities and autism. At the time of inspection, the service supported 6 adults.

People were supported in their own tenancies. The service consisted of two shared flats where people had their own bedrooms, with shared living, dining and bathroom facilities. The service also had a shared front and back garden.

About the inspection

This was an unannounced inspection which took place on 19 and 20 November 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 and four of their family
- spoke with seven staff and management
- spoke with visiting professionals
- reviewed findings from 18 surveys returned to us prior to inspection.
- observed practice and daily life
- reviewed documents.

Key messages

- People experienced kind and compassionate care, from staff who knew them well.
- People were supported to access healthcare by staff who prioritised their health needs.
- People were supported by staff who regularly evaluated their experiences.
- Audits and reports, that should inform leaders of areas of development, were not always effective.
- Staff were knowledgeable about people's needs and had built positive relationships with people.
- Care plans were person centred; however, improvement was needed to ensure risk assessments and positive behaviour plans met people's needs.

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 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 evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

People experienced kind and compassionate care, from staff who knew them well. The house was calm and staff spoke to people in a friendly and natural way. This meant people could feel at ease and relax in their home.

People were supported to access healthcare to maintain general health. For example, people attended GP, nurse, dentist, optician and podiatry regularly. One family member told us "Every medical and health need is seen to really well". When people's health needs changed, the service made appropriate referrals to relevant health care professionals. People could be confident that staff prioritised their health needs.

People were supported with a wide variety of meal options. People could share a meal with their housemates or eat alone. One person told us that staff were "good cooks" and that they love "fish Friday". People who were at risk of choking were supported by staff who knew their speech and language therapy (SALT) guidance. People were supported to eat the food they enjoyed, safely.

Fresh fruit and vegetables were encouraged and readily available and people bought their own snacks to suit their preference. Some people's snacks were kept in a locked cupboard, which were available on asking. However, we were not confident that the necessary care plans were in place to support this restriction. The provider should ensure that any restriction on people's choice is discussed and recorded in their care plan. **(See area for improvement 1).**

Medication was stored securely and people received regular medications at the correct time. 'As required' medication care plans were in place, however, some did not have sufficient detail. This could result in people not receiving 'as required' medication when needed. Care plans that detailed the level of support needed, were not written in consultation with healthcare professionals, meaning people may not always receive the correct level of support with medication. The provider should ensure that medication care plans are clear and reflect people's needs. **(See area for improvement 2).**

People who experienced stress and distress were supported by staff who reflected on their practice. Records clearly detailed incidents of stress and distress. One staff member told us "We do a lot of the recording. We can assess patterns, this can support the multi-disciplinary team to support them". The manager had worked hard to streamline the recording of stress and distress and should continue to analyse this information. This should result in people benefiting from staff who consistently respond to their changing needs .

Adult protection concerns were managed well by the service. Appropriate referrals had been made to the adult protection team and relevant health professionals. This meant that people were safeguarded against potential harm.

Areas for improvement

1. To ensure people experience care that meets their needs, the provider should review care plans. This should include, but is not limited to, risk assessments, care plans for stress and distress and care plans for any restrictive practices.

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

"If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively." (HSCS 1.3); and

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

2. To ensure that people receive the correct level of care and support, the provider should review medication assessments and ensure appropriate care planning for '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).

How good is our leadership?

4 - Good

We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

People and their keyworkers had monthly meetings to review their goals and experiences. Care and support could be altered, if needed, so that people could continue to work towards achieving their goals. People could be assured that staff used quality assurance to improve their lives.

The service improvement plan (SIP) resulted in positive changes in the service. Leaders used self evaluation to identify areas for improvement, such as daily recordings about people's stress and distress. However, the SIP did not reflect the views of people, families and staff. The service should consider how it can seek the views of all involved in the service to develop the SIP and make it more meaningful. We will review this at future inspections.

Leaders investigated unplanned events such as accidents, incidents and medication errors. Leaders had recently begun sharing learning from unplanned events at team meetings. Leaders should continue to embed this practice at team meetings. This should ensure that all people benefit from a culture of continuous improvement.

Appropriate notifications were made to external agencies, such as the adult protection team. However, notifications to the Care Inspectorate were not always made when adult protection referrals were made.

We highlighted our guidance 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'. We will review appropriate notifications at future inspections.

Audits and reports that should inform leaders of areas of development, were not always effective. For example, the training report did not give leaders an accurate view of what training staff required. Audits were in place, however, these did not always pick up on deficits quickly. The six-monthly environment audit did not always result in new environmental issues being raised to the landlord. Leaders did not have an audit tool to support them in auditing people's care plans. The provider should review quality assurance tools and reports to ensure they meet the needs of the service. **(See area for improvement 1).**

Areas for improvement

1. To ensure that people benefit from effective quality assurance tools and processes, the provider should, at a minimum, review current audit tools and reporting systems.

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).

How good is our staff team?

4 - Good

We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

Staff were knowledgeable about people's needs and had built positive relationships with people. Staff did not appear rushed, and people were supported at a pace that was right for them. The service had a core staff team, supported by a "bank" of regular relief staff. The service did not use agency staff at the time of inspection. People were supported by staff who knew them well.

Planning for people's care and support was done in partnership with people and funding authorities. People and families told us there was enough staff to meet people's needs. However, people did not always know who would be supporting them. The service should review how they communicate this with people. We will review this at future inspections.

Staff worked well together on shift and were responsive to changes in people's needs and wishes. Additional staffing was arranged to ensure people could attend health appointments. One person told us that they can move their support hours to attend football matches at the weekend. People experienced flexible care and support.

Staff felt supported by leaders. Staff told us they can contact the manager at any time. Team meetings took place regularly and, where possible, all staff could attend. When there were staffing changes at the service, a senior leader chaired the team meeting to offer additional support. Minutes were made available to staff who could not attend team meetings. People benefitted from a well-supported staff team.

Staff had access to various tools to support them to communicate well on shift. This included tools to direct care such as task sheets, diaries and communication books. This was further supported by a handover system that allowed staff to pass on vital information. This resulted in people attending appointments on time and prompted staff to complete tasks that were required of them.

Leaders regularly assessed staff competency in areas such as medication, infection prevention and control, and safe swallowing. A new staff competency that focused on "staff interaction and people's experiences" had been developed but had not yet been used. Staff attended regular training and records for this were well maintained. However, we identified gaps in training. For example, not all staff had positive behaviour training. This had the potential to impact on people's experiences. We were assured that this will be improved and will review this at future inspections.

How well is our care and support planned?

4 - Good

We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

Care plans were in place for all people. Plans were person centred and updated regularly. Risk assessments did not always reflect people's needs. Risk assessments should be reviewed regularly to ensure people can be supported safely. The provider should ensure that all people's risk assessments are reviewed to reflect their current circumstances. **(See area for improvement 1 in "How well do we support people's health and wellbeing?")**.

People who experienced stress and distress, had positive behaviour support plans (PBS). The PBS plans guided staff on how to support a person should they become anxious. While some plans gave proactive guidance to reduce the likelihood of people becoming anxious, others did not. This could result in people experiencing inconsistent care during periods of stress and distress. The provider should ensure that all PBS plans are reviewed. **(See area for improvement 1 in "How well do we support people's health and wellbeing?")**.

Care reviews took place regularly and resulted in people working towards their goals. One person wanted to go on holiday and was supported to plan and achieve this goal. They told us "I visited lots of places, I had a great time". Care plans and reviews were used effectively, to support people to achieve their goals.

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 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 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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