

Cornerstone Baxter View Housing Support Service

43 Garshake Road
Dumbarton
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Type of inspection:
Unannounced

Completed on:
3 December 2024

Service provided by:
Cornerstone Community Care

Service provider number:
SP2003000013

Service no:
CS2014325265

About the service

Cornerstone Baxter View is registered with the Care Inspectorate to provide housing support and care at home to tenants aged over 18 years with learning disabilities, autism or acquired brain injury living in their own homes.

The provider of the service is Cornerstone Community Care, a national organisation, which is a registered Scottish charity. The head office is in Aberdeen.

Cornerstone Baxter View operates from an office base in Dumbarton. The office base is adjoined onto people's houses. Eight people were using the service at the time of the inspection.

People using the service have access to 24 hour support with wakened night staff and on call arrangements are in place. The aim of the service is stated as being to "support people by empowering them to make positive choices about their own lives."

About the inspection

This was an unannounced follow up inspection which took place on 26 and 27 November 2024. This was to follow up on four required improvements that were made as part of an Improvement Notice issued on 29 August 2024. (For further details of this enforcement see the service's page on our website at www.careinspectorate.com).

We also followed up on a requirement made at our previous inspection that took place in August 2024. This report should be read in conjunction with the report from that time. The inspection was carried out by two inspectors 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 staff and management
- observed practice and daily life
- reviewed documents
- consulted with health and social care professionals from the local Health and Social Care Partnership.

Key messages

We extended a requirement on medication management as further improvement is required to ensure people are receiving medication safely.

For information in relation to the Improvement Notice issued on 29 August 2024, please see details of this enforcement on the service's page on our website at www.careinspectorate.com.

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

Requirements

Requirement 1

By 25 November 2024, the provider must ensure that people receive their medication in the way it has been prescribed. This should include, but not limited to:

- a) ensure there are adequate stocks of medications which are available when required
- b) ensure that daily medication checks are effective and highlight errors in a timeous manner
- c) ensure that medication administration records are complete, legible and clearly record balances of medication held
- d) thorough medication audits are carried out routinely
- e) staff receive effective training and regular competency observations of the administration and recording of medications. This includes any agency staff who may administer medication.

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) and with section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This requirement was made on 26 August 2024.

Action taken on previous requirement

We sampled medication administration records for several people who lived at the service. One person's low stock of medication had not been noted in a timeous manner and the service had to contact several pharmacies for last-minute supplies. Although we were not aware of instances of people's medication running out, we found that poor record keeping meant medication stocks did not reflect the balances that were held. This meant we were not assured that stock levels were monitored accurately and there was potential for people's medication to run out or be past recommended expiry dates.

Daily medication checks took place several times a day, however, these checks did not pick up if balances were wrong and did not clarify if gaps in the records meant that people did not receive their prescribed medication. We were not assured that people always received their medication as prescribed.

Not all of the medication records had used the same paperwork which potentially made it more difficult for staff to record effectively. Some records had been scored out, changed and had been amended with correction fluid with no record of when or who had changed the records. This is not considered best practice for medication records. Balances were not always accurate which made it difficult to see if medications stocks were sufficient, or if people had received their full course of medications.

The service did undertake several checks per day, per person but we did not find that these checks were effective or thorough, despite being time-consuming for staff. The checks that we sampled did not resolve any gaps or errors in the administration of medication. The service agreed that these checks were not effective but had not yet implemented a new system at the time of inspection. We were provided with one example of a management of medication audit which had contained incorrect information about a person's prescribed medication. This audit had identified some actions for the service which had not yet been implemented. Medication checks and audits were not effective at identifying errors or improving practice.

Cornerstone staff had completed medication training and agency staff were only able to work shifts if they had completed online training with their agency. However, we sampled several competency observations which were not always well recorded. On some records it was difficult to find staff names, if they were Cornerstone or agency employees, what training had been completed and if they had been deemed competent or not. The paperwork told us that three observations of practice were required following training online. The records were unclear as to how many observations had been completed, which staff had been signed off as competent or if staff had been assigned further observations following medication errors. Several of these observations had picked up practice issues but it was not identified how the service was taking action to remedy these concerns.

The management team had made contact with the local pharmacy who were now working to support the service to improve their processes for medication management. To give the service more time to receive this support we have extended the requirement.

This requirement has been extended to 6 January 2025.

Not met

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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