

West Dunbartonshire Services 1 Housing Support Service

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Type of inspection:
Unannounced

Completed on:
11 December 2024

Service provided by:
Cornerstone Community Care

Service provider number:
SP2003000013

Service no:
CS2004073011

About the service

This service provided by Cornerstone supports people who live between the Balloch and Clydebank areas within West Dunbartonshire. The service aims to support adults with learning disabilities and/or autism to live a meaningful and independent life. It encourages the individuals to be included in their local community by accessing local shops/establishments, using public transport, attending a range of clubs and activities and attending local places of worship.

The service aims to support tenants to achieve their own personal goals and dreams by:

- promoting independence by goal setting
- providing opportunities to have new experiences
- supporting people to maintain existing interests.

There has been a recent separation of some parts of the previous West Dunbartonshire Services 1 registration into new stand alone services.

At the time of our inspection the service were supporting 24 people.

About the inspection

This was an unannounced inspection which took place on 11 December 2024. The inspection was carried out by one inspector from the Care Inspectorate. This was to follow up on a requirement made at our previous inspection in June 2024. This report should be read in conjunction with the report from that time. 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 management from the service
- reviewed documents.

Key messages

The service had introduced meaningful and robust audits that were routinely scheduled on an ongoing basis. These had been effective at identifying actions which were added to the service improvement plan.

Feedback from supported people and/ or their representatives was being sought and captured in a variety of forms and meetings. The feedback that the service had gathered was positive.

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

Requirements

Requirement 1

By 9 December 2024 the service must introduce more robust quality assurance systems. This must include, but is not limited to,

- a) meaningful audits and formal feedback from those accessing the service
- b) medication audits must be able to pick up when medication is missed and other key information.

This is to ensure care and support is consistent with the Health and Social Care Standards which state 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19). This is to comply with Regulation 3 (principles) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 10 June 2024.

Action taken on previous requirement

Care plans had been audited for each supported person who used the service. These audits had included dated action plans on how to further improve these plans. The service also had clear schedules in place to routinely continue these audits on an ongoing basis. Comprehensive quality checklists had been introduced which had identified actions for ongoing improvements and the management team had started to implement these actions. Six-monthly reviews had taken place for all supported people and input from them and/or their representatives had been recorded. Supported people had opportunities to meet monthly with their key workers to review how their planned care and support was meeting their needs and wishes. Quality questionnaires were routinely in use to capture people's views. The service had additionally issued customer satisfaction surveys which had shown very positive feedback. We found that identified actions had been added to the service development plan and we could track progress that had been made.

We sampled medication administration records and medication checks which took place. The samples did capture signatures and check balances. We did not find any gaps within the records that we sampled and there did not appear to be a high occurrence of medication errors across the service.

Staff competencies regarding the administration and auditing of medication were regularly taking place. The service were actioning any issues that were picked up during the auditing process. We gave feedback to the manager that some forms could have been improved by more detailed recording of names and dates. We found that the manager was very responsive to suggestions and took our feedback on board.

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

The service should prioritise moving and assisting training, or refresher training, for the staff team.

This area for improvement was made on 10 June 2024.

Action taken since then

We saw that moving and positioning training had been added to the service improvement plan which detailed how this was prioritised for new staff. The vast majority of staff had now completed or refreshed this training. The service had increased the frequency of refreshers for this training and training compliance checks were in place at regular intervals.

This area for improvement has been met.

Complaints

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

To find out more

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