

Cornerstone Borders CS Housing Support Service

Scottish Borders Cornerstone Connects Hub
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Type of inspection:
Announced (short notice)

Completed on:
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Service provided by:
Cornerstone Community Care

Service provider number:
SP2003000013

Service no:
CS2021000220

About the service

Cornerstone Borders CS provides a service to people with a learning disability, a physical disability or with mental health problems in their home and in the community within the Scottish Borders.

The service supports people living in various localities of the Scottish Borders. The service office premises are near the town centre of Galashiels.

At the time of this inspection the service was providing care and support to 27 people.

The service provider is Cornerstone Community Care a national organisation which is a registered Scottish charity.

About the inspection

We commenced an inspection of the service on Monday 03 February 2025 when we visited the office base in Galashiels. We met with management and then visited four supported people living in the Kelso and Coldstream localities along with their support staff. On Tuesday 04 February 2025 we revisited the service office and met with another supported person who was attending the Cornerstone Hub day centre. We also met with the relatives of a supported person.

The inspection was carried out by one inspector from the Care Inspectorate. Our visit was then followed by time examining evidence remotely.

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 people using the service, relatives and staff at our visit
- considered feedback from completed and returned MS Forms questionnaires from supported people, staff and health and social care professionals
- observed practice
- reviewed documents.

Key messages

- There were sufficient support staff deployed to meet the needs of supported people
- Staff interacted with people in a respectful, kind, positive and empathic manner with good humour
- Continuity of support meant familiar staff had good knowledge of people's support needs and lifestyle and could recognise any changes to the person's health and wellbeing
- People were supported well with their medication
- Staff demonstrated an enabling approach by promoting people's independence
- Whilst some support plans held all necessary information and guidance for staff to refer to, some needed further improvement
- Management demonstrated a commitment to provide high quality care and support to people and were good role models for staff.

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?	5 - Very 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?

5 - Very Good

We found significant strengths in aspects of the care and support provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

We met supported people with their support staff during the inspection. People were very comfortable with staff and there was good rapport. Staff listened to the person and communicated in a way which mirrored and suited the person. Interactions were respectful and kind, positive and empathic, with good humour.

People were informed as to which staff member would next be supporting them through various means. These included via email, written on a calendar, verbally or with photographs of staff. People told us they knew who would be coming to support them and when to expect them. This prior notice shows respect for people, reduces anxiety and allows for positive anticipation of the next staff member's support.

There was very good continuity of support with familiar staff providing support. This allowed good relationships to develop between staff and supported people. Staff had good knowledge of people's support needs and lifestyle and could recognise any changes to the person's health and wellbeing.

People were supported to make and attend health care appointments, to collect their prescriptions and reminded to take their medication. When staff were concerned about a person's wellbeing they completed a "note of concern" on the organisations support planning system. This allowed management to quickly see the concern and respond in a timely manner. Where appropriate, referrals were made to relevant professionals, on behalf of the person.

People were supported well with their medication. Risks were assessed to identify the level of support needed. Where staff administered medication there was information in the support plans about the medication, dosage and what it was used for. Staff undertook appropriate medication training and their competencies with administration were checked. We have advised information about a person's medication is gathered from their various different plans and put under the specific medication section in the support plan. This will give staff more clarity as to the support they are to provide.

Staff demonstrated an enabling approach by promoting people's independence. People were supported to get the most out of life and to maintain and develop their skills, interests and strengths. This ensured people lived as independently as possible with daily living, attending groups and accessing community facilities. Over the last year people have been successfully supported through difficult events. Through support, one person's confidence has increased significantly which has enhanced their emotional wellbeing considerably.

One professional told us:

"The staff have a person centred approach with the focus on building the self-worth and self-esteem of my patients. I have personally observed Cornerstone staff support two of my patients. Without the ongoing excellent support they offer my patients, their wellbeing would deteriorate".

How good is our leadership?**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

At the last inspection we made an area for improvement around auditing. Whilst additional audits had taken place they were not easily evidenced. Auditing of personal plans and risk assessments had not yet taken place. Observations of staff's overall competency were being undertaken informally. These should be appropriately recorded to evidence audit outcomes and to support staff personal development. Elements of the area for improvement have been repeated.

See area for improvement 1.

Management had commenced using a new matrix document which should give much better oversight of aspects of the service, and should enable events and tasks to be tracked more easily. These include the tracking of six month reviews, recording when they were last completed, and when next due.

There were various organisational tools to enable management to identify strengths and improvement areas for the service. These included the service improvement plan and quality checklist based on the Care Inspectorate quality framework key questions. Improvement areas identified by management reflected those identified through this inspection.

Management demonstrated a commitment to provide high quality care and support to people and were good role models for staff. Management advocated well on behalf of people supported. Feedback from staff about management was positive and there was a learning culture within the service.

One professional commented on the registered manager:

"Pivotal to the consistency at the service has been the Service Manager. Always available and always listens to what people have to say. At the same time he will seek the common good and if he disagrees he will say so"

The last year had been challenging with a change of service lead and a move to new premises. This had impacted on management making some of their intended improvements. The manager and new lead practitioner worked well together and had good plans to bring about the necessary improvements to achieve best outcomes for all.

Areas for improvement

1. To support quality assurance processes and continuous improvement the provider should further develop internal auditing systems. These should include, but not restricted to, audits on consistency of staffing, auditing daily notes, personal plans, risk assessments and supervision records. Formally checking staff members overall competency. Audits should be appropriately recorded to evidence audit outcomes.

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 where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The provider had completed all necessary checks to ensure staff were recruited safely and in line with current guidance. This included protecting vulnerable groups (PVG) membership and references. Supported people were involved in the recruitment of staff and a relative sat on a recent interview panel.

Staffing arrangements were good with consistent teams of staff supporting each person. Staff completed shadow shifts prior to lone working and were matched with the person. Staff told us they had enough time to support people without rushing. No agency staff were used to supplement staffing, and vacant shifts, through sickness and leave, were covered by Cornerstone staff. There were sufficient support staff employed to meet the needs of supported people and recruitment was undertaken swiftly when vacancies arose. This enabled flexibility to put in place short notice support for individuals when needed.

Newly recruited staff had brought along their own unique life experiences and skills which has enhanced the support provided to people and the support team. Most teams worked well together. Management were currently working with one team to bring about more synergy and consistent ways of working.

Team meeting minutes evidenced staff being involved in discussions and decision making. Meetings had been taking place however not at the intended frequencies. Dates for meetings in 2025 have been identified and venues booked to ensure future meetings take place as planned. These include smaller meetings relating to individual people to strengthen the delivery of their support.

Staff were supported individually at their one to one "colleague support and development meetings". Records showed meaningful discussions taking place and staff reflecting on their practice. Some of these meetings had been delayed and management were working to resolve this.

Cornerstone had recently arranged for representatives from the Scottish Social Services Council (SSSC) to meet with staff to deliver training on SSSC registration and the standards, skills and qualifications needed to deliver high quality care. This enabled staff to have a clearer understanding of what it meant for them to be registered with the SSSC.

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

At the last inspection we made an area for improvement relating to support planning. At this inspection we found some improvements had been made. These included staff access to relevant information about the person's health conditions. This will give staff a clearer understanding about the person's condition and how it impacted on their life.

Where people were receiving considerable support there was good information provided about the person's routines. Additional plans had been developed which provided step by step information when supporting the person with medication, nutrition, showering and other personal care tasks. This ensured staff supported the person in the way they preferred.

Some plans had recently been reviewed and updated with new information. Plans now included information on people's legal status and third-party representation. Supported people and their legal representatives were involved in the development of support plans.

Whilst some support plans held all necessary information and guidance for staff to refer to, some needed further improvement. These included providing more information about procedures to follow when supporting people with shopping and other purchases. Providing more information about blood sugar level safe parameters, to ensure a person is managing their diabetes appropriately. Further detail was also needed around approaches to use when people supported were presenting with distressed behaviours.

Elements of the area for improvement around support planning will be repeated.
See area for improvement 1.

Areas for improvement

1. To ensure people experience stability in their care and support from people who know their needs, choices and wishes, including if there is an emergency or unexplained event the provider should ensure:
 - a. All personal plans and risk assessments are formally reviewed on a minimum six-monthly basis and updated regularly with new and accurate information;
 - b. There is sufficient detail in the personal plan about all elements of care and support for all staff to refer to which helps people achieve their intended outcomes;
 - c. Risk assessments are completed, monitored, and reviewed where there is an identified risk to the supported person and / or others;
 - d. Following an assessment of risk, procedures developed to reduce risk and ensure safety are detailed in the plan;
 - e. Personal plans include clear guidance as to how staff sensitively manage situations where a person is significantly distressed and anxious, to achieve planned outcomes.

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

"My personal 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).

"I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty" (HSCS 3.18).

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

People should be confident their medication regime is being managed safely. Therefore, the provider should ensure:

- a. Staff administering medication have clear information as to the use of each medication administered and the impact taking the medication has on the person;
- b. Protocols for "as needed" medication are in place. This to include "as needed" cream;
- c. People's risks are assessed to identify the level of medication support they need. Assessments should be reviewed regularly.

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

"I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

"I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

This area for improvement was made on 6 March 2024.

Action taken since then

Sufficient improvements have been made to consider this area for improvement to be met. We have given advise for additional improvements to be made relating to medication support. This has been further detailed under key question 1 "How well do we support people's wellbeing?".

This area for improvement has been met.

Previous area for improvement 2

To support quality assurance processes and continuous improvement the provider should further develop internal auditing systems. These should include, but not restricted to, audits on consistency of staffing, auditing daily notes, personal plans, risk assessments and supervision records.

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 area for improvement was made on 6 March 2024.

Action taken since then

There has not been sufficient improvement for this area for improvement to be considered met. Elements have been repeated. This has been further detailed under key question 2 "How good is our leadership?".

This area for improvement has not been met.

Previous area for improvement 3

Appropriate contingency plans should be developed to address and manage circumstances, which might challenge the service's ability to deliver normal service to supported people. For example covering eventualities like severe weather and staffing shortages.

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

"I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

This area for improvement was made on 6 March 2024.

Action taken since then

Records relating to the preparations for the recent severe weather in January 2025 evidenced very good contingency planning to ensure everyone was safe and supported people had the necessary support.

This area for improvement has been met.

Previous area for improvement 4

To ensure people experience stability in their care and support from people who know their needs, choices and wishes, including if there is an emergency or unexplained event the provider should ensure:

- a. All personal plans are regularly reviewed and updated with accurate information;
- b. There is sufficient detail in the personal plan about all elements of care and support for all staff to refer to which helps people achieve their intended outcomes;
- c. Risk assessments are completed, monitored, and reviewed where there is an identified risk to the supported person and/or others;
- d. Following an assessment of risk, procedures developed to reduce risk and ensure safety are detailed in the plan;
- e. Personal plans include clear guidance as to how staff sensitively manage situations where a person is significantly distressed and anxious to achieve planned outcomes;
- f. Where a person has third party legal representation this is clearly detailed in the plan;
- g. Personal plans and risk assessments are formally reviewed on a minimum six-monthly basis as well as when needs change.

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

"My personal 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).

"I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty" (HSCS 3.18).

This area for improvement was made on 6 March 2024.

Action taken since then

Improvements to personal plans had been made however further improvement was needed. Elements of this area for improvement have been repeated. This has been further detailed under key question 5 "How well is our care planned?".

This area for improvement has not 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.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	4 - Good
2.4 Staff are 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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