

Cornerstone Dundee Supported Living Housing Support Service

Cornerstone
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Type of inspection:
Unannounced

Completed on:
4 March 2025

Service provided by:
Cornerstone Community Care

Service provider number:
SP2003000013

Service no:
CS2021000336

About the service

Cornerstone's focus is to encourage social inclusion, reduce loneliness, and improve health, independence and well-being by working closely with the people they support and their families to ensure people receive the care and support they need to live the best life possible. This service provided housing support and care at home in two locations across Dundee, with a third location scheduled for opening later this month. At the time of our inspection, the service was supporting 19 people.

About the inspection

This was a full inspection and 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 seven people using the service and six of their family
- spoke with 14 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- The supported people we spoke with told us that they were always treated with compassion, dignity and respect.
- People were supported to access the community and had a choice of meaningful things to do.
- We found that staff were very enthusiastic. They provided person-centred support to people, which focused on their preferences and wishes and helped them to meet their desired outcomes.
- Staff felt that they had enough time to do their jobs well and most said staffing levels were good.
- We concluded that the service was well managed and staff told us that they had confidence in their leaders.
- We had some concerns regarding past medication errors. At this inspection, we found that the provider had taken action to address the causes of these errors and had resolved our concerns.
- Although people's support was planned in a person-centred way, we found that the service's computerised support plan system did not properly fully reflect this.

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

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| How well do we support people's wellbeing? | 5 - Very Good |
| How good is our leadership? | 5 - Very Good |
| How good is our staff team? | 5 - Very 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 evaluated how well the service supported the wellbeing of people experiencing support and overall concluded that the performance of the service in this area was very good. We identified that there were very few areas for improvement and those that did exist had a minimal adverse impact on people's experiences and outcomes.

We saw warm and friendly interactions between staff and the people they supported, with staff always treating people with compassion, dignity and respect. We found that staff were enthusiastic and motivated to provide good support to people. We observed staff displaying good values when they engaged with people, they had enough time to support people and did not appear to be rushed. Staff knew the people they were supporting well and used humour appropriately.

People's experience of dignity can be enhanced by their physical environment. We saw that people had influence over their tenancy space and were supported to personalise their flats to reflect their interests and personalities. It is important that people have meaningful things to do that improve their quality of life and have a positive impact on their physical and mental health. We saw that people were supported to access activities in the community and encouraged to pursue their interests.

We heard from one relative that their family member had been supported by Cornerstone for many years and she stated that she could not fault the team or the support they provided. Another relative told us their family member's likes and dislikes were the focus of their support. Most of the relatives we spoke to told us that the service was very good at communicating with them regarding any health concerns and in providing ongoing updates about what people were doing. Where people had welfare guardians, we heard that the service was able to act autonomously within agreed parameters but understood when it was appropriate to seek the advice, support and authorisation from the guardians.

People benefit from different organisations working together and sharing information where this is appropriate. Social workers told us that the service communicated well with them and also worked closely with GPs and other health professionals. We heard from social workers that the service referred any adult protection concerns swiftly and appropriately to the local authority. Social workers told us that the service understood how to promote people's safety and wellbeing whilst also ensuring that they could exercise choice.

How good is our leadership?**5 - Very Good**

We evaluated how good the service's leadership was and overall concluded that the performance of the service in this area was very good. We identified that there were very few areas for improvement and those that did exist had a minimal adverse impact on people's experiences and outcomes.

We saw that the service's policies and procedures focused on the organisations values and were person-centred and aimed to include the people it supported in the development of the service. Staff told us that they understood and could follow policies and procedures. The service's data protection policy described how the organisation manages people's data to ensure their right to protection was respected. The service's adult support and protection policy was based on the well-being of the people it supported. The policy included the legal basis for adult support and protection; it defined who was an adult at risk of harm and it explained the service's responsibilities in connection with adult support and protection. The policy was clear how and to whom concerns should be reported.

The service supported some people with their medication. We identified that there had been some errors in the administration and recording of medication. We raised this with the service's management. We found that the service had taken decisive steps to address the causes of these errors. Following consultation with a pharmacist, the service introduced a more straightforward system of recording the administration of medication. The service also ensured that all staff who support people with their medication were retrained and their practise was periodically observed. The service also introduced stricter audit processes to monitor medication administration. We found that there had been far fewer medication errors since the review and when these did occur, they were more readily identified and action was taken to address these. We concluded that the action taken by the service resulted in a more robust medication administration system and safer support for people.

People benefit from a culture of continuous improvement, with organisations having robust and transparent quality assurance processes. The service had governance and managerial oversight systems in place to monitor the quality of the service provided. There was a comprehensive service improvement plan in place, which identified where improvements were required. It detailed what action was required to make these improvements, it stated who is responsible for driving these improvements forward and what the time scale for completion was.

Staff said that they felt valued by the service's leadership. Staff told us that they were well supported and had confidence in their seniors and managers, describing them as approachable, knowledgeable and supportive. Staff said that the service's strong leadership had contributed to the cohesion of the team and the high quality of the support people experienced.

How good is our staff team?

5 - Very Good

We evaluated how good the service's staff team was and overall concluded that the performance of the service in this area was very good. We identified that there were very few areas for improvement and those that did exist had a minimal adverse impact on people's experiences and outcomes.

We saw that the organisation had clear and effective systems in place to ensure that staff were recruited safely. We heard very positive comments about the quality of staff from people who used the service and from the majority of their relatives. We spoke to several staff members, some who had only been with the service for a matter of days others for nearly 20 years. We were given a consistent picture that staff enjoy their work. We found that staff were very positive about the organisation and felt part of a mutually supportive team. Most of the staff we spoke to thought that staffing levels were good, with only one or two staff mentioning occasional pinch points in staffing, which seemed to occur because of unexpected staff sickness.

People should be able to have confidence in the staff that support them because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. Staff told us they were encouraged to attend training courses and pursue areas of interest. Staff attended a wide range of core training courses. We saw from records that the completion rate for staff training was very high. Staff told us that their training was relevant, it expanded their knowledge base and helped them to do their jobs better. We heard that new staff had an induction programme. This involved essential training, familiarisation with the organisation, its values and what it aims to achieve through its support. New staff were also required to shadow more experienced colleagues before supporting people on their own. Staff told us that the induction programme provided them with good preparation for their role.

We looked at a sample of staff files. We saw that staff had support or supervision meetings with their seniors every three months, as well as an annual appraisal. We found the records of these sessions covered relevant areas but some information was basic and lacked detail. For example, staff support or supervision sessions should be a reflective learning process, because this can develop and improve practice. However, little or no evidence was provided to demonstrate how staff were being encouraged to reflect on their practice. We also found that there was scope for the service to expand specialist training for staff members, who support people who may have specific health conditions, to expand their knowledge and to enhance the support they are able to provide.

Although we identified a few areas where specific improvements would enhance the performance of the service, we concluded that the service's staff group were well trained, extremely enthusiastic and were providing people with very good support.

How well is our care and support planned?**4 - Good**

We evaluated how well care and support was planned and overall concluded that the performance of the service in this area was good. We identified that there were important strengths and taken together these strengths clearly outweighed areas for improvement. However, improvements were required to maximise well-being and to ensure that people consistently had experiences and outcomes that were as positive as possible.

People's personal support plans should reflect their wishes and choices, be right for them and set out how their care and support needs will be met. We found that support was person-centred and focused on individual's needs, strengths and desired outcomes. Support was delivered in accordance with each person's wishes and helped them to reach their identified goals and outcomes. People were asked for their opinions about the support; the service and what improvements might be made. We saw that support was implemented, evaluated and reviewed, in accordance with people's wishes and stated outcomes, so that it reflected their changing support needs and wishes and ensured that support maximised their quality of life. The service aimed to hold formal reviews of people's support every six months. Although this was often the case, we found that some reviews had not been held quite as frequently as this. Most of the relatives we spoke to told us that attending reviews was a useful way of sharing how support had been progressing and how it should be developed.

People should be fully involved in developing and reviewing their personal plans and these should all ways be available to them. The service had recently introduced a computerised support plan system. We looked at a sample of people's support plans. We found that this system was good at identifying people's physical care and support needs and provided structure for risk assessment and management plans. However, the system was less well suited to providing information which was more person-centred. We found there was not enough background information about each person, nor were there details about what was important to people. We found that the computerised system was not readily accessible to supported people. It made it difficult for them to independently add personal accounts or pictures about themselves, their interests or what activities they had been enjoying. To do this they required staff to support them. The staff we spoke to told us that they found this system difficult to use, they did not find it intuitive, and at times they were frustrated by its limitations. When we discussed this with the service's seniors and manager, we discovered that they were aware of some of the issues raised by staff. In response to this they intended to improve the system and to provide additional training and support for staff.

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

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| 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? | 5 - Very Good |
| 2.2 Quality assurance and improvement is led well | 5 - Very Good |
| How good is our staff team? | 5 - Very Good |
| 3.3 Staffing arrangements are right and staff work well together | 5 - Very 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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