

Cornerstone Fife Housing Support Service

Cornerstone
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Type of inspection:
Announced (short notice)

Completed on:
6 March 2025

Service provided by:
Cornerstone Community Care

Service provider number:
SP2003000013

Service no:
CS2009230239

About the service

Cornerstone Fife is registered to provide a service to adults with a learning disability, a physical disability or with mental health problems in their own homes and in the community.

At the time of inspection, the service was supporting seven people in West Fife. The support provided was over a 24-hour period and people were living across three separate tenancies.

About the inspection

This was a short notice announced inspection which took place on 4 and 5 March 2025. The inspection was carried out by two inspectors.

To prepare for the inspection we reviewed information about the 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 people using the service
- spoke with three relatives
- spoke with eight staff and management
- received feedback from seven completed questionnaires
- observed practice and daily life
- reviewed documents.

Key messages

- People were being supported to live full and active lives.
- Feedback from people using the service and their relatives was very positive.
- Oversight of the service was thorough and well organised.
- There was a risk that people's opportunities could be impacted if there were not enough staff available.
- Care planning was detailed and person-centred but could have more of a focus on people's outcomes and goals.

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?	5 - Very 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 made an evaluation of **Good** for this key question, 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 received support which was kind and caring from a staff group who knew them well. We found that people receiving support were at ease with their staff and knew them well. People told us, "I'm really happy" and "I love my home." Feedback from relatives was also positive. One relative told us, "She loves it there, which makes me extremely happy." Another said, "He's able to live his best life." We were confident that relationships between staff and people receiving support were positive, consistent and stable.

People receiving support were at the centre of the service. We found that people were supported to be fully involved in planning their days. Communication and visual aids were used well to ensure people's wishes and preferences were always taken into account. Activities and outings were planned in advance and displayed in such a way that people receiving support could see what they had planned each day. Day-to-day activities ranged from outings in the local area to trips into Edinburgh and Dundee. There were also holidays planned for people receiving support. There was flexibility so that if people changed their mind, staff adapted to ensure people did what they wanted to do on the day. One staff member told us, "I think we give them the life they want and deserve." We were assured that people's preferences and choices were central to the service being provided.

People were supported to be as independent as possible. We found that people were supported and encouraged to do their own shopping, laundry and housework. This helped people to retain key life skills. They were also fully involved in the decoration and furnishing of their home which ensured that people felt at home in an environment which was designed by them.

In one part of the service, we heard that people's opportunities to access the local community or go on trips were limited by staffing levels or ability to provide transport. We acknowledged that staff were working hard to minimise this, there was ongoing recruitment and managers were discussing short term contingencies to help ensure consistency for people. This would help ensure people continue to experience good outcomes as a result of their support.

People's health and wellbeing benefitted from access to a range of community healthcare professionals. Staff knew people well and recognised when referrals to other agencies were required to help ensure good physical, mental and emotional wellbeing. One relative told us, "My relative has very good care." Another said, "Staff are very good at recognising when something isn't quite right and seek appropriate support." We were confident that people had the right support at the right time.

The service had a robust medication management system which adhered to good practice guidance. Staff we spoke to had good awareness of their role in supporting with medication. We checked a sample of medication records and stock counts, and all were correct. We noted that there had been some errors in the past, but the manager was aware of these and had already taken action to ensure this did not happen again.

Some medication was prescribed to be administered 'as required.' In one part of the service protocols for this were not held in medication files but were within the online care plan system. In another part of the service the opposite was true. We discussed with the service lead that the location of protocols should be consistent to help ensure that staff could locate the information quickly if required. We looked at some records and were pleased to find some examples which showed that people who experienced stress and distress were supported with skill and empathy, meaning that 'as required' medication was not needed.

How good is our leadership?

5 - Very Good

We evaluated this key question as **Very Good**, as we found major strengths which supported positive outcomes for people.

Quality assurance should drive change and improvement within the service. A range of audits and checks were being undertaken and results were used to inform future plans for the service. We found that staff at various levels of the service were involved in the audit and oversight process, including for medication, finances and safety. This meant that there was a whole team commitment to driving improvement.

The service had completed a thorough self-evaluation of the service. The manager and lead practitioners knew the different parts of the service well. The service was aware of some issues arising and had taken proactive steps to resolve these before they had a negative impact on people receiving support, where possible. Some medication errors had been identified and additional training had been undertaken, there had been no further errors since. The service had also recognised the vulnerability of relying on a small group of staff and in response, a recruitment drive was underway with a number of new staff due to start imminently. We were confident that quality assurance systems were identifying issues promptly and these were being addressed as quickly as possible.

Oversight of training, supervision, observations of staff practice and registration with professional bodies was well organised and showed that all staff were up-to-date in these areas. Observations of staff practice were undertaken across a range of topics which gave us confidence that all parts of staff practice were being evaluated and that any additional learning needs were being identified. The service had also taken feedback from staff and had arranged specific training to help meet the needs of people being supported. We were confident that thorough quality assurance processes were having a positive impact on the outcomes of people being supported.

Staff should have opportunities to contribute to the overall quality of the service and know they play an important role in building a staff team. Staff were aware of the Service Improvement Plan and had access to the plan via a Microsoft Teams channel. We discussed with the manager that it was difficult to see how staff contributed to the plan. We suggested that the Service Improvement Plan becomes a standard agenda item at the regular team meetings which would help to make it clearer how staff are contributing to service development and improvements. We also suggested the plan was clearer on how proposed and completed changes had impacted the outcomes of people being supported by the service.

How good is our staff team?

4 - Good

We made an evaluation of **Good** for this key question, 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.

We met staff who demonstrated the principles of the Health and Social Care Standards (HSCS). They were knowledgeable, kind, compassionate and respectful. We observed them to be attentive and responsive to the needs of people who were being supported. Comments from relatives included, "The staff go over and above for my relative." "Staff are very good." Another said, "They are absolutely amazing."

Staffing arrangements should allow for more than just support to meet people's basic needs. Staff supported people to enjoy a range of activities and opportunities. We saw that days were structured and planned according to the interests and preferences of people who use the service. In one part of the service, we heard that sometimes staff shortages meant that people's opportunities were reduced. One family member told us, "Often when I visit there is one member of staff short. Because of this I feel [my relative] doesn't have a wide range of activities, often not getting out for days at a time." Staff were working hard to minimise the impact of any staffing shortages on outcomes for people, and managers were taking appropriate action to address this. The management team were working on a short term solution of using agency to support people whilst recruitment was ongoing.

The Health and Care (Staffing) (Scotland) Act 2019 was effective as of 1 April 2024. The Act considers staffing arrangements as well as staff wellbeing. It was positive to see that learning modules had been introduced and staff were being encouraged to complete these. This helped staff to understand the Act and how it impacts on them as a team.

People using the service and staff should benefit from a warm atmosphere because there are good working relationships. Staff appeared to work well together, however, we were aware that relationships within one of the teams was strained at times. This could impact on staff wellbeing as well as outcomes for supported people. The management team had recognised this and were taking direct action to address team relationships.

Regular staff support is an important process for supporting staff in their roles and helps to improve outcomes for people. Staff told us, "The manager is really supportive and approachable." Another said, "Supervision is very helpful." It was reassuring to see that staff had regular planned opportunities for staff support. This provided staff with opportunities to discuss their roles, reflect on training and development, and to make suggestions. Planned staff support contributed positively to staff wellbeing and gave them time to plan for discussions in advance.

How well is our care and support planned?

4 - Good

We made an evaluation of **Good** for this key question, 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 person-centred and helped guide staff on how best to support people to meet their needs. People's preferences, wishes and information about their life history were clearly documented. There were a number of care plans for specific aspects of care and support, such as different activities, outings and health conditions. This meant that staff were well informed about how to support people, whatever they chose to do.

Care plans to support people when they experienced stress and distress were well detailed and instructive. These included key details on how people presented when experiencing stress and distress and how to support people at these times. They also highlighted that use of 'as required' medication should be a last resort. We were pleased to see detailed incident reports which showed that staff were skilled in managing these complex situations.

Legal documentation such as Guardianship Orders were held within people's care plans. This helped to ensure the right people were involved and consulted about people's care, and that people's rights were upheld.

All care plan updates were viewed and 'signed off' by service leaders on the electronic system. Whilst this provided a level of quality assurance, we suggested that some evaluative feedback could be given during this process. This would ensure that the quality of information and guidance held within care plans is constantly reviewed and updated.

People should benefit from care plans which are regularly reviewed, evaluated, updated and involve relevant professionals (including independent advocacy). We saw that regulatory reviews had taken place at least six monthly. The minutes described the consultation and input from families, legal guardians and advocates, where available. Most review minutes we looked at stated that things were going well and that care plans did not require major change. Review minutes should be more clearly aligned with care plans and the goals and outcomes described within. The same applied to daily notes. This would ensure that there is a clear record of what is working well and what needs to improve. **(See Area for Improvement 1)**

People and their relatives should have access to their care plans if they wish. The service told us access could be granted to people and their relatives on the electronic system. We suggested the service should consider ways to streamline their care planning systems. Information was not always easy to find on the electronic system, whereas, paper care plans which were designed to be taken out on trips were much easier to access. The service told us they were working on making improvements in this area.

Areas for improvement

1. To promote the health and wellbeing of people using the service, the provider should ensure that people's outcomes and goals are considered throughout care planning, reviews and daily notes.

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

'My personal plan (sometimes referred to as a care 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).

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?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very 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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