

Cornerstone New Deer Housing Support Service

The Cabin
Sherwood Place
New Deer
TURRIFF
AB53 6BA

Telephone: 01771 643838

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Unannounced

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Service provided by:
Cornerstone Community Care

Service provider number:
SP2003000013

Service no:
CS2015343110

About the service

Cornerstone New Deer is a housing support and care at home service. The service supports people with learning disabilities, autism and complex care needs to live in their own homes.

The service consists of eight purpose-built bungalows in a quiet cul-de-sac on the outskirts of the rural village of New Deer. There is an office building on site. At the time of inspection, the service supported eight people.

About the inspection

This was an unannounced inspection which took place between 28 February and 4 March 2025. The inspection 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 four people using the service and three of their family
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals
- reviewed the results of 33 surveys returned to us prior to inspection.

Key messages

- People appeared happy and settled in their home.
- People were supported to maintain good general health.
- People had sufficient staff to meet their needs.
- People and their families knew the staff team well.
- Appropriate referrals to health professionals were not always made.
- 'As required' medication documentation should be improved.
- Quality assurance checks and audits did not always result in improvements to people's health and well being.

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?	3 - Adequate
How good is our staff team?	5 - Very 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 evaluated this key question as good, where 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 appeared happy and settled in their home. Staff followed person-centred care plans, resulting in people's personal care needs being met. This resulted in people being relaxed while looking and feeling well.

Menus reflected people's wishes, with fresh fruit and vegetables being encouraged where possible. People and their families were involved in planning menus and people participated in preparing meals in ways that worked for them. People were supported to enjoy meals and snacks that were right for them.

Staff supported people to access healthcare to maintain good general health. Records indicated that people visited various health services, such as the GP and dentist, regularly. People accessed preventative health care such as, vaccinations. People were supported to access healthcare opportunities that were in line with the general population.

Families praised the service for their person-centred approach to health. Staff knew people well, which allowed them to respond quickly when their health needs changed. Staff understood people's complex needs and advocated for people when arranging appointments. Where possible, staff ensured that people were seen by professionals who knew them well. This reduced the risk of people becoming upset during appointments. People were supported by staff who knew their health needs well.

Staff were knowledgeable and skilled when supporting people with epilepsy. Staff monitored the frequency of people's seizures and were aware of medications that were in place to keep them safe during prolonged seizures. However, when changes in people's usual seizure frequency occurred, the service did not always refer this to external professionals such as, the epilepsy nurse or neurology. It is important that any change in seizure frequency or severity is reported to ensure that the plan of care still meets the person's needs. The service should ensure that any changes in people's health are referred to the appropriate people. **(See Area for improvement 1)**

Staff supported people with complex needs to a good standard. Staff followed detailed care plans to support people when they experienced stress and distress. Staff used medications that reduced people's anxiety appropriately and as a last resort. The service kept detailed records when people experienced stress and distress; however, there was limited analysis of patterns in distressed behaviour. Leaders agreed to review how they monitor and analyse episodes of stress and distress. This should result in people benefitting from more proactive care and support. We will review this at future inspections.

Medication was stored securely and staff gave regular medication at the correct time. However, care plans for 'as required' medication did not clearly indicate how people communicate their need for these medications. This could result in people not receiving 'as required' medications promptly. Staff did not consistently record the result of people using 'as required' medication, meaning that its effectiveness could not be monitored. Improvements should be made to the care planning and recording of 'as required' medication. **(See Area for improvement 2)**

Some people lacked capacity and relied on the support of a welfare guardian to support them to make decisions. Communication with families and guardians was a significant strength. One guardian said, "Managers sort things quickly, I find them very responsive". Legal documentation detailing the decisions that welfare guardians could make, was in place. The service had built positive relationships with families. People were positively impacted by these good relationships.

Areas for improvement

1. To ensure that people's ongoing health needs are met, the provider should ensure that people are referred to appropriate health care professionals when their health needs change.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

2. To ensure that people benefit from 'as required' medication, the provider should review medication care plans and ensure appropriate recording of 'as required' medication.

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

'My care and support meets my needs and is right for me' (HSCS 1.19); and

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Leaders had developed an improvement plan that resulted in some improvements. For example, leaders had identified poor staff training attendance and this had improved significantly. Leaders should explore how they seek the views of people and families to ensure their views shape future improvements. We will review this at future inspections.

Leaders carried out audits in areas such as, environment, finance and medication. Audits did not always inform leaders or result in improvements. For example, leaders were not aware that water temperatures were higher than they should be. This could have resulted in people being scalded. People relied on the service to support them to maintain their homes. Environment audits did not result in repairs being raised quickly. The provider should ensure that audits reduce risk and address any safety concerns in people's homes. **(See Requirement 1)**

Leaders investigated unplanned events such as, incidents and medication errors. These events were discussed at team meetings, meaning that learning was shared with the staff team. This should reduce the risk of further incidents and medication errors. People benefitted from a culture of reflection and improvement.

Leaders were viewed as supportive by staff and efficient by families. One visiting professional said that leaders were, "proactive and quick to respond when people's health needs changed". People felt comfortable and could speak to leaders with ease. Leaders had positive relationships with people, their families and staff, allowing for open communication to benefit people's care and support.

Requirements

1. By 2 June 2025, the provider must ensure that people are safeguarded by robust quality assurance processes, checks and audits, that inform improvement.

To do this the provider must, at a minimum:

- a) Review current audits to ensure these give sufficient oversight to leaders.
- b) Ensure leaders have sufficient oversight of any quality assurance processes, checks and audits that are delegated to other staff.
- c) Ensure that any deficits are investigated and acted upon quickly.
- d) Ensure that staff understand their role in quality assurance.

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).

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?

5 - Very Good

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

People had consistent care from staff they knew well. People benefitted from small 'core' teams, supported by a 'bank' of regular relief staff. The service did not use agency staff at the time of inspection. Although the service had a small staffing deficit, staff had worked hard to provide the required care and support. One family member said, "The team are really good. This is the best they have ever been looked after. The staff cover for each other if they have days off, so they are always seeing the same people". People had built trusting, positive, relationships with staff who met their needs.

Staff were knowledgeable about people's needs. Staff had time to allow people to communicate at their own pace. Staff demonstrated patience and skill when supporting people to interact with others. Staffing arrangements ensured that staff were not rushed and people were supported at a pace that was right for them.

Staff worked well together and responded to changes in people's needs and wishes. One family reported that staff had gone, "above and beyond" by supporting their loved one overnight, when admitted to hospital. People experienced flexible and responsive, care that met their changing needs.

Leaders worked with funding authorities to ensure people had sufficient staffing. Staffing was arranged to ensure people could live the life they wanted to. Some people required two support workers to go outwith their house. This enabled people to go to places like shopping, swimming and to visit the hairdresser. The service should continually review staffing arrangements to ensure that people or their welfare guardian, are involved in deciding where people need their staffing most.

Staff attended regular training. The provider was responsive to staff feedback and had recently arranged training to upskill staff in areas they felt less confident. Leaders assessed staff competency in areas such as, medication and infection control and were developing new competency topics to ensure staff remained competent in all aspects of people's care. People were supported by a trained staff team.

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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
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