

## Cornerstone Baxter View Housing Support Service

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Dumbarton  
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Telephone: 01389 743 220

**Type of inspection:**  
Unannounced

**Completed on:**  
5 March 2025

**Service provided by:**  
Cornerstone Community Care

**Service provider number:**  
SP2003000013

**Service no:**  
CS2014325265

## About the service

Cornerstone Baxter View is registered with the Care Inspectorate to provide housing support and care at home to tenants aged over 18 years with learning disabilities, autism or acquired brain injury living in their own homes.

The provider of the service is Cornerstone Community Care, a national organisation, which is a registered Scottish charity. The head office is in Aberdeen. Cornerstone Baxter View operates from an office base in Dumbarton. The office base is adjoined onto people's houses. People using the service have access to 24 hour support with wakened night staff and on call arrangements are in place. The aim of the service is stated as being to "support people by empowering them to make positive choices about their own lives." 7 people were using the service at the time of the inspection.

## About the inspection

This was an unannounced inspection which took place on 4 March 2025. This was to follow up on two of the four required improvements that were made as part of an Improvement Notice issued on 29 August 2024. The other two parts of the improvement notice had been met at previous visits. (For further details of this enforcement see the service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com)).

The inspection was carried out by two inspectors 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 staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

Risk assessments including current care and support needs had been reviewed and updated leading to improved outcomes for supported people.

Management oversight had improved through quality assurance and auditing processes. Recording and reporting of significant events had improved with relevant stakeholders being informed.

Staff skills and knowledge were being regularly monitored, this included any agency staff working at the service.

Care plans were reflective of any restrictive practice that was in place, and strategies had been identified to reduce this.

The provider had met all of the four required improvements from the Improvement Notice that was issued to the provider on 29 August 2024. A copy of the Compliance with Improvement Notice can be accessed via the Care Inspectorate website. (For further details of this enforcement see the service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com))

## 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

**3 - Adequate**

To reflect improvements, we have regraded this key question from unsatisfactory to adequate, where strengths just outweighed weaknesses.

We completed a follow up inspection to measure the action taken in response to the outstanding required improvements relating to this key question. The required improvements were set out in an Improvement Notice issued to the service on 29 August 2024.

The required improvement related to ensuring that people's personal plans, including risk assessments, were up-to-date. Reviews had taken place which had captured the views of supported people and their representatives. This had been reflected in personal plans capturing current risks alongside care and communication needs. This meant staff could be supported to provide consistent care and support as people's choices and wishes were clearly set out. People were now experiencing improved outcomes. People now had more opportunities and were supported with meaningful engagement which included being more active within the community.

The required improvements detailed within the Improvement Notice were met.

## How good is our leadership?

**3 - Adequate**

To reflect improvements, we have regraded this key question from unsatisfactory to adequate, where strengths just outweighed weaknesses.

We completed a follow up inspection to measure the action taken in response to the outstanding required improvements relating to this key question. These were set out within an Improvement Notice issued to the service on 29 August 2024.

The required improvement related to the service being well managed through continuous improvement and transparent quality assurance processes. The management team had introduced an improved oversight of the service which was more responsive and effective at evidencing actions that had taken place. Significant events had reduced and those that did occur were recorded and reported to the relevant stakeholders. Record keeping had improved and key actions identified were followed up in a timely manner. This had improved outcomes for people supported, but had also improved practice within the staff team.

The required improvements within the Improvement Notice were met.

## How good is our staff team?

**3 - Adequate**

To reflect improvements, we have regraded this key question from unsatisfactory to adequate, where strengths just outweighed weaknesses.

We completed a follow up inspection to measure the action taken in response to the outstanding required improvements relating to this key question. These were set out in an Improvement Notice issued to the service on 29 August 2024.

The required improvement related to the skills and experience of staff delivering care and support. The service had put processes in place to monitor staff competencies and had been providing additional training to staff, including agency staff. Staff supervision had been introduced more frequently to allow staff to reflect on their practice. The staff team was more stable with additional recruitment of staff ongoing. Ongoing support had been given to staff during managers walk around audits, which allowed them to receive immediate feedback which had led to improvements in recording and reporting. This also meant managers had better oversight and could take action more promptly.

The required improvements detailed within the Improvement Notice were met.

### How well is our care and support planned?

**3 - Adequate**

To reflect improvements, we have regraded this key question from unsatisfactory to adequate, where strengths just outweighed weaknesses.

We completed a follow up inspection to measure the action taken in response to the outstanding required improvements relating to this key question. The required improvements were set out in an Improvement Notice issued to the service on 29 August 2024.

The required improvement related to any restrictive practice being clearly justified, reviewed regularly and kept to a minimum. Plans had been revisited and timeframes identified to ensure any restraints were being actively reduced as much as was safely possible. All people supported had a full review of their support plan which had included the people important to them when this is what they wanted, or if need a legal representative. The service had received support from the wider health professional team and advice had been incorporated into personal plans in relation to restrictive practice. People had been actively involved in this process. These included some meaningful photos setting out what people enjoyed doing and should be enabled to participate in.

The required improvements detailed within the Improvement Notice were met.

## 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 ensure medication audits are routinely established, and that any identified issues are actioned by the service in a timeous manner.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 14 January 2025.

## Action taken since then

Progress on this area for improvement was not assessed at this inspection.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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