

Cornerstone Waterfront Housing Support Service

Rockville Garelochhead Helensburgh G84 OEL

Telephone: 01436 640047

Type of inspection:

Unannounced

Completed on:

19 March 2025

Service provided by:

Cornerstone Community Care

Service provider number:

SP2003000013

Service no:

CS2024000043



About the service

Cornerstone Waterfront is registered to provide a housing support service/care at home service in Garelochhead, near Helensburgh. It provides accommodation with support for up to nine tenants living between a five bedroom house and four self-contained flats in the development. Tenancies will be offered to adults with learning disabilities, and/or autism. The service provides support to the tenants based on their individual needs and encourages independence.

The service aims to support adults with a learning disability and/or autism to live a meaningful and independent life. It encourages the individuals to be included in their local community by accessing locals shops/establishments, using public transport, attending a range of clubs and activities and attending local places of worship.

Staff are present on site 24 hours per day and the team support individuals within their own homes as well as supporting them to access the community.

Transport is not provided however most tenants have their own Motability vehicle.

About the inspection

This was an unannounced inspection which took place on 18 and 19 March 2025. 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, 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 and three members of their families
- spoke with six staff and management
- · observed practice and daily life
- reviewed documents including personal plans, service improvement plan and quality assurance audits
- spoke with two visiting professionals

Key messages

- People benefitted from positive relationships with a motivated staff team.
- The service promoted a culture of mutual respect and collaboration.
- · A range of creative activities were available to people.
- · Assessment and support planning were being developed.

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?	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?

4 - Good

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

Quality Indicator 1.3 People's health and wellbeing benefits from their care and support

The service is based in a picturesque semi-rural location where people lived in either self-contained flats within the main building or shared an HMO tenancy with communal facilities. The service had extensive grounds which were currently being renovated.

We observed positive, respectful interactions between staff and people living in the service. This helped make people feel valued.

Staff had a good understanding of each person's day to day needs and preferences which helped ensure people received appropriate support and achieved positive outcomes. Some people with more complex needs required additional specialist support. The service was proactive in accessing wider multi agency input to support staff to meet the individual needs of people and to review the ongoing suitability of all placements. This included regular input from psychological services, positive behaviour specialist and more recently the learning disability nursing team. The service recognised the need for ongoing collaborative working with multi-disciplinary agencies to ensure the differing needs of people who used the service were met.

People were supported to access health services as appropriate either by being supported in the community or by arranging for health professionals to attend the service. Procedures were in place which ensured people received the right support with medication to keep well. Some people were supported to manage this independently which helped them feel empowered.

The support available had contributed to people feeling secure and better able to manage daily living. People felt safe in the service, confirming staff were approachable, and they felt very well supported by the staff team. Comments confirmed staff "were there when we need them, " and "we can rely on them all to be nice and kind". This ensured they felt comfortable, valued and had confidence in the team.

Family members confirmed that using the service had been a positive experience for their loved ones. Comments included "they help my daughter live as full and independent life as possible", "my sister is happy there and it offers us great peace of mind", and "I find them all warm, welcoming, friendly and professional". This offered families assurance that their loved ones were well cared for.

Support covered aspects of people's daily living including maintaining their accommodation, shopping, budgeting, cooking and support to attend appointments, and activities as well as emotional support. This helped to enhance peoples self esteem. People were supported to personalise their own accommodation and were involved in refurbishment planning within the main house which helped give people a sense of belonging.

It had been identified that the service would benefit from an updated kitchen. An improved food preparation area would help promote cooking and independent living skills. People were looking forward to this. People confirmed support was flexible and staff would adjust support times to fit in with their plans and appointments. This ensured support planning was person led.

Having meaningful things to do is important for wellbeing. The rural location of the service proved challenging for some people. Difficulties in accessing community resources and having family visits contributed to feeling somewhat isolated from family/friends. Some people had their own transport which allowed greater access to the wider community with staff available to drive their vehicle as part of people's scheduled support.

People enjoyed attending horse riding, choir practice, swimming, social groups such as Golden Friendship, drumming and art clubs as well as taking up volunteering opportunities.

Opportunities were also available within the main house for shared shopping, cooking and joint activities and games. This helped people socialise, have purpose to their day, maintain routine and promoted good mental health.

Daily activity planners reflected collaboration with the individual and a commitment to ensuring people got the most out of their day

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.

Quality Indicator 2.2 Quality assurance and improvement is led well

People can expect to use a service that is well led. Recent management changes had been viewed favourably by residents, families and staff alike. Feedback confirmed the new managers clear vision for the service and the prioritising of people's wellbeing. This ensured people using the service felt safe and valued. Feedback confirmed the management team were visible, approachable and had an open-door policy. Their supportive approach and genuine commitment to people using the service and the staff team ensured people felt valued and listened to.

The management team and senior staff met daily. This helped identify priorities and actions needed to support people well. Handovers between staff offered good opportunities for communicating any updates about people's support needs or health and wellbeing. These were reviewed and actioned by senior staff. This provided a consistent approach to people's care and helped secure better outcomes.

A service improvement plan had been developed and was reviewed regularly to ensure identified areas were being progressed effectively. This demonstrated a culture of improvement to support good outcomes for people.

Feedback was gathered from people through quality questionnaires and regular reviews of support arrangements. The manager planned to develop further opportunities to gather and use people's views to inform the service improvement plan.

People benefit from a culture of continuous improvement. The new manager had identified aspects of quality assurance that could be improved, robust processes were being implemented to ensure the management team had oversight of all key areas of service delivery. Audits were used to monitor the quality of the environment, staffing and review the wellbeing and safety of people using the service.

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.

Quality Indicator 3.3 Staffing arrangements are right and staff work well together

People should have confidence that staff who support them are trained, competent and skilled. Challenges with staff vacancies and absences resulted in a reliance on relief and agency staff to fulfil planned support. Permanent staff covered additional shifts and the use of regular agency staff offered some consistency of care. Recruitment was ongoing and the manager confirmed new staff would be being inducted soon

Informal mentoring and advice from senior staff was readily available and staff confirmed this was invaluable in supporting their practice and personal development.

Staff benefitted from a formal supervision and appraisal process. The manager planned to develop the format of 1:1 sessions to promote reflective practice discussion about what worked well and where practice could be developed. This would help identify learning priorities.

The service routinely offered debriefing sessions with staff following particular incidents. This meant staff felt valued and able to share their experiences and feelings in a safe environment.

Flexible and well attended team meetings gave staff opportunities to voice opinions and share concerns. These were used to seek solutions to challenges and share best practice. This meant staff could influence service practices and felt listened to.

Staff felt well supported by senior staff and the wider organisation and there was an evident open culture where people were respected and valued. People felt enthusiastic and involved in a shared vision for the future development of the service.

A range of training opportunities was available both online and face to face. Recent specialist input supporting positive behaviour strategies had been received very favourably by staff and supported them to be more confident in their practice.

The service had identified areas where more complex needs and individuals presentation were not addressed by the organisations current training programme. The manager planned to review the training resources available taking account of the aims and objectives of the service.

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.

Quality Indicator 5.1 Assessment and personal planning reflects people's outcomes and wishes

The organisation had recently reviewed its "Moving in, Moving on" procedure. This reflected a renewed commitment to ensuring people who live in Waterfront could be confident their holistic needs will be met. This included the potential community health resources needed. This helped offer assurance to people that their life opportunities were being maximised.

Personal plans help to direct staff about people's support needs and their choices and wishes. Overall, plans were comprehensive, reflected the health and social care standards and gave the reader a real sense of what was important to the person.

Daily support notes reflected people's outcomes and ensured people's feelings were recorded as part of the discussion. This ensured support sessions were person led.

People were involved in identifying personal goals and evaluating progress towards longer term outcomes through reflection and discussion. The manager planned to review all goals to ensure they met the principles of SMART(specific, measurable achievable , relevant and time bound)

Personal plans confirmed that people identified and built upon what was working well. However, aspects of risk assessment and personal planning would benefit from being streamlined.

The manager planned to review all assessment tools and personal plans within the electronic planning system to ensure they were relevant and offered clear direction to staff about people's needs and preferences.

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?	4 - Good
2.2 Quality assurance and improvement is 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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