

Cornerstone Perth and Kinross Services Housing Support Service

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Announced (short notice)

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Service provided by:
Cornerstone Community Care

Service provider number:
SP2003000013

Service no:
CS2011298667

About the service

Cornerstone Perth and Kinross Service provides support to adults with learning disabilities and adults with mental health conditions both in their own homes and in the local community.

This ranges from people who have support 24 hours per day, seven days per week, to others who have support for a few hours per week.

At the time of inspection 16 people were being supported by the service.

About the inspection

This was a full inspection which took place between 10 and 21 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 three people using the service and four of their representatives;
- spoke with eight staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

Key messages

- People were supported by small teams of staff. This ensured people received consistent care from people they knew well.
- Quality assurance systems and processes demonstrated a culture of continuous improvement.
- The service should ensure adult protection concerns are recognised and reported to the relevant agencies.
- People and their representatives were confident that staff had the skills, knowledge and experience to provide safe and effective care and support.
- People's personal plans were person-centred and reflected their needs, wishes and preferences.

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

3 - Adequate

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

We observed warm and compassionate interactions between people using the service and staff supporting them. We observed the appropriate use of humour and affection, where this was important for the person concerned. It was apparent to us that staff held people in high regard. We were assured that trusting relationships had been built between people using the service and staff supporting them.

In some cases, welfare guardians, who were relatives, were very involved in the care and support of their family members. Staff and guardians told us communication was positive and they collaborated well together to maximise people's outcomes.

People's homes reflected their interests, hobbies and personalities. This supported their sense of identity and ownership of their environment.

People were supported to spend their time in ways that were meaningful and purposeful for them. People had a wide range of interests and hobbies both in and outwith their homes. This included pastimes such as arts and crafts, building Lego models, attending the Cornerstone disco and events such as the Cornerstone Valentine Ball. Staff understood the importance of meaningful and purposeful engagement on people's physical, emotional and psychological health.

People using the service and their representatives provided positive feedback about the care and support provided by staff. This provided reassurance and enabled them to be a family member again.

People's health and wellbeing benefited from their care and support.

People had access to all relevant health professionals. People were supported on an on-going basis by mental health and physical health care professionals.

Staff knew people well and this enabled any changes in people's presentation to be picked up quickly. Concerns were raised with guardians and appropriate referrals were submitted to relevant professionals.

People were supported by small teams of staff including relief staff to cover periods of staff leave and sickness. This provided consistency and continuity. However, this also presented risks of staff shortages given the current recruitment challenges in the social care sector across Scotland.

The support people received was strengths-based and promoted their independence. People were supported to do as much as they could in areas including housekeeping, shopping and cooking. People and/or their representatives were involved in the recruitment and selection of staff in ways that were meaningful for them. This had a positive impact on people's physical and emotional health and wellbeing.

People were supported with their medication. Systems and processes were robust with daily and monthly checks carried out to ensure people received their medication as prescribed. A review of the organisation's medication policy and procedures was underway to ensure care and support was provided in line with best practice guidance.

Some people using the service had very complex physical needs. High risk alerts were in place to inform staff's practice and ensure the health and safety of the people concerned. Risks to people were identified and mitigated through person-centred risk assessments that were reviewed as people's needs changed.

People's personal plans provided guidance for staff's practice to ensure they received safe, consistent and effective care and support. This was particularly important regarding the use of medical equipment such as percutaneous endoscopic gastrostomy (PEG). The service should ensure guidance is available for all pieces of equipment.

Regular health monitoring checks, such as weight and food and fluid monitoring were carried out. The service should ensure monitoring tools are appropriately recorded and overseen to ensure they achieve the outcomes intended.

Where people are at risk of experiencing constipation, bowel monitoring charts should be in place with guidance as to when "as required" aperients and when further medical advice should be sought.

Where people are eligible to participate in national health screening programmes, the service should ensure people are supported to take part within recommended timescales. Where people or their representatives do not wish to take part, this should be recorded.

People were prescribed medication on an "as required" basis. Protocols should be in place to inform staff's practice. These should be provided by the relevant medical practitioner and provide detailed guidance to inform the safe, consistent and effective administration of medication. This should, where appropriate, provide specific guidance to ensure staff can identify signs and symptoms that indicate "as required" medication should be administered (see area for improvement 1).

People who experienced stress and distress were prescribed psychotropic medication which can be considered as a form of restraint. The service should equip staff with the knowledge and experience of de-escalation and other relevant approaches to ensure medication is administered as a "last resort" when all other measures have been unsuccessful.

The development and use of formal pain assessment tools should provide consistent practice and support staff to interpret and respond to changing behaviour.

We noted that where people could experience stress and distress, charts were in place to identify the antecedents, specific behaviour and consequences (ABC). This was with a view to developing specific strategies to reduce the stress and distress people could experience. The provider should ensure staff understand the rationale behind the tool and how these should be used.

Whilst we identified areas for improvement, we were assured that people were experiencing good outcomes as a result of using the service. We were also confident that the provider would take the necessary action to address the areas for improvement identified.

Areas for improvement

1. In order to protect the health, safety and welfare of people using the service, where people are prescribed medication on an "as required" basis, the provider should ensure that person-centred protocols are provided by relevant medical practitioners. This is to ensure medication is administered safely and consistently.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

How good is our leadership?

3 - Adequate

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

We spoke with people using the service and their representatives on their behalf. The majority of the feedback we received was very positive. Front line managers in particular were approachable, accessible and flexible and people's outcomes were improving as a result of using the service. Members of the leadership team were working to improve communication where this would be of benefit to the care and support of the supported individuals.

Staff felt well supported by members of the leadership team. Line managers were approachable and available when staff needed support and guidance with professional or personal matters. Line managers were as flexible as possible and staff told us that this helped them to continue to be at work. This approach made staff feel valued by their employer. Staff also felt their opinions were valued and incorporated into practice as appropriate.

The provider tried to support staff's wellbeing at both a local and organisational level. Local forums such as menopause groups were very supportive. The service leadership team were understanding and prepared to make reasonable adjustments to support staff at work. Support and counselling services were provided by external agencies.

We were assured that managers of the service had oversight of all key systems, processes and risks in the service, how these met people's needs and improved their outcomes and experiences.

A wide range of audits were carried out on a regular basis by front line practitioners and managers. This included personal plans, medication support, people's financial support and health and safety. Areas for improvement were identified but it was not always clear that the improvements had taken place. Record keeping should be improved to provide evidence that people's outcomes had been improved.

The service should ensure quality assurance and audit procedures evaluate ABC charts and the administration of "as required" medication.

Whilst the registered manager of the service had oversight of the service, the development of a system that provides access to quality assurance and audits in one place is needed. This would provide further assurances and identify areas for improvement and development.

The provider was working to provide further opportunities to participate in improvements and developments to people's individual services and that of the organisation. This would be supported by the recently formed continuous improvement team. This demonstrated the provider's commitment to improving people's outcomes and experiences.

The provider's Charter for Involvement was in place to maximise people's involvement. Staff should provide examples of how the charter is used to improve people's quality of life.

People and/or their representatives were supported to participate in the recruitment and selection of the staff who would provide their care and support in ways that were meaningful for them.

People had opportunities to provide feedback about their service on a regular basis. This was usually through quality assurance and satisfaction surveys and at six monthly service reviews. Some people met with staff at monthly meetings to evaluate their service and identify areas for improvement. The meetings were to be reinstated for all people using the service. We asked the provider to ensure people's representatives have the opportunity to attend meetings where this is appropriate.

During the inspection, we identified areas for improvement. We were not assured that adult protection concerns were always identified or reported to the appropriate agencies. This put people at risk of harm. We raised this concern with the provider who took prompt action to provide additional guidance and information for all staff. The provider should ensure that all staff have the knowledge, understanding and skills to identify adult protection concerns and take the appropriate action to safeguard people.

Services must inform the Care Inspectorate of notifiable events including incidents, accidents and adult protection concerns. This is to ensure people's health, safety and welfare. The level of notifications submitted by the service was low. We asked the provider to ensure that members of the leadership team and staff understand the Care Inspectorate procedures and submit appropriate notifications within the required timescales (see area for improvement 1).

Knowledge and understanding of Adults with Incapacity legislation should be improved across the leadership and staff teams. This is particularly important regarding people's human rights, the powers granted to guardians to consent to restraint and restrictions and consenting to medical treatment.

Whilst these areas for improvement could put people at risk of harm, the provider took action to reduce the risks when we raised concern. We were satisfied that the provider would take the appropriate actions to ensure people's health, safety and wellbeing.

Areas for improvement

1. In order to ensure the health, safety and welfare of people using the service, the provider should ensure staff have the knowledge, skills and understanding to identify adult protection concerns and take appropriate action to safeguard people at risk. This should include submitting notifiable events to the Care Inspectorate.

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

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20).

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.

The Health and Care (Staffing) (Scotland) Act 2019 was enacted on 1 April 2024. In terms of the provision of social care services, the legislation placed a duty on service providers to make appropriate staffing arrangements to ensure the health, welfare and safety of people using the service. This includes ensuring, at all times, appropriate levels of staff who have the required qualifications and training to provide safe, high quality care. Service providers must also support staff wellbeing to ensure people's care and support is not adversely affected.

People using the service in Perth and Kinross receive support on a one-to-one basis with no shared support. The hours of support people receive were commissioned by social work based on an assessment of people's needs. People's needs were reviewed on a regular basis and changes in people's needs were reported to ensure their needs continued to be met safely and effectively.

In order to support the implementation of the safer staffing legislation, the provider had developed a safer staffing policy and training was completed by managers of leadership and staff teams.

Staff had access to a wide range of learning and development opportunities that consisted of mandatory and service user specific training. A training needs analysis ensured that staff had training that would provide the knowledge, skills and understanding to meet the range of people's needs. Staff also undertook Scottish Vocational Qualifications to comply with the Scottish Social Services Council's registration requirements.

The majority of learning was delivered online. Staff's understanding was assessed via questionnaires that were completed at the end of each online course. Face-to-face training was provided in areas such as medication administration, moving and assisting people and first aid.

Members of the multi-disciplinary team including psychologists and speech and language therapists could also provide person specific training to enable staff to understand and meet people's needs.

Front line managers monitored staff's completion of required training. However, staff were responsible for their own learning and development. Email prompts alerted staff that training was due. The prompts continued until the necessary training was completed.

In order to ensure staff understood and were able to transfer learning into practice in person-centred ways, competency checks and observations were carried out. These included medication support, donning and doffing personal protective equipment, support with eating and drinking, staff's interaction and engagement with the people they supported and moving and assisting people. This was good practice. We asked the provider to expand the competency checks and observations to include areas such as adult support and protection, supporting autistic people and people who experience stress and distress and Adults with Incapacity legislation.

We sampled staff's personnel folders. These provided evidence of a comprehensive and robust induction process. Staff worked through an induction workbook. Staff were "signed off" as competent to provide safe, effective and consistent care and support. New staff were supported to build relationships with the people they would be supporting and learn to meet their needs in person-centred ways by "shadowing" experienced staff. New staff could request additional "shadowing" support until they felt confident to lone work.

People using the service and/or their representatives were confident that staff had the knowledge and skills to provide person-centred care and support and meet people's needs.

Staff had access to regular one-to-one colleague support and development meetings which offered opportunities for staff to reflect on their practice and identify additional areas for development. Annual appraisals identified staff's achievements and opportunities to improve their practice. We noted the positive approaches and feedback used to encourage and enable staff.

Staff had the opportunity to attend regular team meetings. It could be challenging to get all staff together for meetings. However, minutes of team meetings were available to enable staff to catch-up on any changes or information.

Branch leadership meetings took place on a monthly basis. These involved leadership teams from Perth and Kinross, Dundee, Fife and West Lothian. Meetings provided opportunities for learning and the sharing of good practice.

An online service tracker enabled members of the leadership to monitor staffing and learning and development.

Staff told us they would benefit from additional, person-specific autism training and we were confident that the provider would act on this request. We reminded the provider of their responsibility to ensure training was provided by suitably qualified and skilled people and/or agencies. This was to ensure training equipped staff with the necessary knowledge, skills and understanding to provide safe, consistent and effective care and support.

How well is our care and support planned?

5 - Very Good

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

The provider used an online personal planning tool. The comprehensive system addressed the full range of people's care and support needs in one place. This provided the information and guidance required to meet people's needs.

A person-centred plan was developed in formats that were accessible to people using pictures, symbols and photographs. Personal planning tools, including Essential Lifestyle Plans, presented a positive "picture" of people focusing on their talents, strengths and abilities. This demonstrated a values-led and asset based approaches.

People and/or their representatives were involved in developing and reviewing personal plans. Some people developed sections of their own personal plans. This enabling approach demonstrated respect and dignity for people's rights to make their own choices and decisions.

Personal plans provided the information and guidance to enable staff to provide the care and support required to meet people's assessed needs. Frontline staff were involved in developing and reviewing people's personal plans. This was important as frontline staff had the most up-to-date information and experience of what was working for people and what could be improved and this enabled personal plans to be dynamically reviewed and updated.

Support plans were developed to provide consistent and person-centred care in areas such as personal care, housekeeping and shopping. The detail in support plans demonstrated staff's knowledge and understanding of the people they supported. In many cases, staff had supported people for extended periods of time and knew the people they supported very well. Some support plans would benefit from additional information and guidance to enable unfamiliar staff to provide safe and consistent support. Reviews should take place to ensure they provide sufficient detail.

Risks to people were identified and support plans were developed to mitigate risks whilst promoting people's independence and enabling people to make choices and decisions as appropriate.

People were supported to identify goals they would like to achieve. These included improving their garden, developing and maintaining relationships and enjoying a range of social and leisure opportunities.

People's progress towards achieving their goals was recorded using photographs. People's enjoyment and contentment was apparent in the photographs and demonstrated people experiencing good outcomes.

Record keeping was detailed, regular and accurate. Recordings were usually written in the first person. The provider was to try to record the voice of the person using the service. The provider should ensure this approach is consistent across the service. People and their representatives could access information if they wished.

Service reviews took place on a regular basis which was in line with legislation. Reviews provided opportunities to evaluate people's outcomes and experiences and where people's needs had changed. This ensured people's current needs were assessed and continued to be met.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 16th July 2023 the provider must ensure the service continues to support good outcomes for people through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes.

This must include but is not limited to:

- a) ensuring people's support plans are reviewed in accordance with legislation and used effectively and consistently by staff to inform the care they provide.
- b) ensuring staff have adequate IT knowledge and training to allow consistent use of the service's computer systems to inform practice.
- c) ensuring the service's performance is consistently assessed through relevant audits and quality assurance systems are used to effectively inform the manager and leadership's oversight.
- d) reviewing medication systems and ensuring staff are competent and consistent in medication administration and recording to promote safe and effective care.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210).

This requirement was made on 13 March 2023.

Action taken on previous requirement

- a) People's personal plans were reviewed in line with legislation. Please see the "How well is our care and support planned" section of this report for further details.
- b) Staff told us they were supported to build their competency in using IT equipment. This support was provided by lead practitioners.
- c) Please see the "How good is our leadership" of this report for further details.
- d) A review of the organisation's medication policy and procedures was underway. We were satisfied that medication was administered and recorded appropriately. Quality assurance audits ensured safe support with medication. Please see the "How well do we support people's wellbeing" section of this report for further details.

Met - within timescales

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
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
2.4 Staff are led well	6 - Excellent

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?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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