Cornerstone Aberdeen South Housing Support Service

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Unannounced

Completed on:
27 March 2025

Service provided by:
Cornerstone Community Care

Service provider number:
SP2003000013

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CS2015343108

About the service

Cornerstone Aberdeen South is a housing support and care at home service providing care to adults with a learning disability.

The provider is Cornerstone Community Care, a large voluntary organisation and registered charity, which provides care services across much of Scotland. The people they support live in their own homes, sharing with a small group of people.

At the time of inspection the service was supporting three people.

About the inspection

This was a follow up inspection, which took place on 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, 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 two of their family members. We spoke with three agency staff and three members of the management team. We observed general practice and daily life. We reviewed documentation, including people's care files and written input from other healthcare professionals.

Key messages

1) There had been an improvement in communication between the service and a resident's representative.

2) It was positive that efforts had been made in respect of requesting reviews for people with other healthcare professionals.

3) The 'My Goals' document was a positive and person-centred tool, which could potentially be incorporated more widely in people's care planning.

4) Pain had not been considered as a possible cause for people who experienced stress or distress.

5) The service was staffed by agency care workers on the day of our visit. We could not be assured that people were adequately supported.

6) We were concerned about the safety and general condition of the premises.

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

Requirements

Requirement 1

By 9 December 2024, the provider must ensure the health and welfare of residents, including those who lack capacity to make decisions about their care and treatment. To do this they must:

a) Ensure a positive, professional and inclusive working relationship with the welfare guardian or power of attorney;
b) Ensure that staff have access to information which details any person(s) who have been appointed as a welfare guardian or power of attorney for service users, and what decisions the guardian or power of attorney has the legal authority to make on behalf of the service user;
c) Ensure staff understand that if a service user lacks capacity to decide about his/her medical treatment, a certificate under the Adults with Incapacity (Scotland) Act 2000 Section 47(1) is required, which details the name of the person/s to be contacted, in order to authorise treatment;
d) Ensure that staff are aware of and can anticipate situations which may increase the risk of a resident experiencing stress or distress. Ensure staff are able to plan accordingly and have the resources to reduce risk and support positive outcomes;
e) Ensure that risk assessments, care plans and any other documents or protocols are developed with the involvement of the service user and their representative;
f) Ensure that the service understands the description of a care home, as detailed in the Health & Social Care Standards, and demonstrates compliance with Standard 5.17; ''If I am an adult living in a care home, I can nominate relatives/friends (and substitutes) who will be supported by the care home to be directly involved in providing my day to day care and support if that is what I want.''

g) Ensure an appropriate balance of complying with the principals of the Adults With Incapacity (Scotland) Act 2000, in the least restrictive way. This should include involving service users and their representatives in discussions about their care and support.

This requirement was made on 14 November 2024.

Action taken on previous requirement

We were concerned about the safety and security of people. We found that the front door was unlocked, and we were able to enter the premises easily.

We found that the service was staffed entirely by agency staff. We spoke with the care worker in charge, showing our identification and explaining who we were and what we would be doing. The care worker did not understand and told visitors that we were managers.

We spoke to a resident's representative who told us that communication had improved between herself and the registered manager. Monthly meetings, timely responses to emails and a communication diary had been helpful in supporting better outcomes.

This was not the case for the representative of another resident, who described their frustration about many aspects of their loved ones' care, as well as serious concerns about staffing, skill mix, and communication. The representative told us that he had complained verbally many times. When we discussed this with the management team, they expressed surprise, as they had not been aware of how unhappy the resident and their representative were.

We found that staff had not considered pain as a possible reason for stress or distress. There had been missed opportunities to reflect on a recent incident, which led to a resident being admitted to hospital.

We spoke to a resident who told us about worsening pain. We found care staff to be unconcerned. Again, there had been missed opportunities to offer pain relieving medication, monitor efficacy and seek clinician support. This was done when the registered manager arrived, and outcomes for the resident improved. As the registered manager works in the service on Tuesdays and Thursdays, we could not be assured that the resident would have received help and support had we not intervened.

We found the managers to be keen to improve pain management. We provided some advice around various pain assessment tools. The managers took prompt action, contacting the learning disabilities specialist nurse and implementing a pain assessment tool and care plan for a named resident. It would be important to ensure that all residents at risk of developing pain have a suitable risk assessment and care plan.

We were unable to find care plans and risk assessments for a named resident. When the managers arrived, they brought the resident's care file with them. We advised that care files should not be removed from the premises. The agency staff had no means of checking how people's care should be delivered.

We found that the moving and assisting assessment and care plans for a named resident omitted important advice given by the occupational therapist (5 December 2024). We brought this to the attention of the registered manager, who addressed the matter promptly.

We found that a named resident's care file contained 'easy to find' information about her Power of Attorney, including contact details.

The service had looked at the use of technology to help people's communication, and this was to be implemented for a named resident.

The branch leader told us that managers were looking at ways to ensure that a named representative had more involvement in their loved one's care. We found there had been limited progress since our last visit.

The branch leader told us that the provider would be implementing a Visitor Contract, which outlined what was required of people in respect of conduct, confidentiality, and adherence to safety measures. Whilst this is important, it would also be important that the wording of the visitor contract is positive and upholds people's rights to maintain meaningful relationships with family and friends.

This requirement was not met and will be reinstated to be met by 3 April 2025.

Not met

Requirement 2

By 9 December 2024, the provider must ensure that significant changes in service users' care and support are managed appropriately. In doing this, the provider must:

a) Ensure that a co-ordinated approach is taken, involving the service user, their representative, staff and other healthcare professionals;

b) Ensure that there is adequate information sharing to avoid instances of mis-information or mixed messages;

c) Ensure that service users' feelings are taken into consideration when implementing significant changes. Where there is a risk of stress or distress, a multi-disciplinary approach must be taken to ensure both transparency and appropriate support is provided.

This requirement was made on 14 November 2024.

Action taken on previous requirement

The registered manager and a named resident's representative collaborated ahead of healthcare appointments. This had been a helpful way of ensuring good communication and support for the named resident to attend their appointment.

Day and night care notes were mainly of a good standard, however, it was very difficult to access the notes in any form of order due to the lack of a filing system and general disorder in the office.

We discussed our concerns over events leading up to a named resident's admission to hospital in February 2025. We found that a named person had been labelled as causing stress or distress when there was evidence of other contributory factors. Although an incident report had been completed, we found no evidence of reflection or lessons learned.

We spoke with a visiting professional who had been working with a named resident to help communicate their views. The named resident no longer wished her to visit. It was the view of the visiting professional that the named resident associated her with difficult or upsetting questions. The management team had written the questions for the visiting professional to ask the named resident.

We found that the managers had reflected on our feedback from a recent complaint and recognised that the way the questions were phrased was confusing and did not allow for a positive response.

We spoke with a named resident, who was experiencing pain and having difficulty communicating with the agency carers. We found that an incident had occurred the previous day, which had caused the pain to worsen. We made a referral to the adult protection team and informed the management team when they arrived. The registered manager told us that she had been aware of the issue the previous day and intended to investigate today. There had been missed opportunities to act with urgency and take steps to ensure the resident's safety and wellbeing.

We read the minutes of a meeting (23 December 2024), where it was determined that a named person's visiting protocol currently met a recommendation by the adult protection team. As there had been no obvious change to the protocol, it was difficult to determine how it was meeting the recommendation.

Whilst there were some areas of good practice, we could not be assured that this was sufficient to meet the requirement.

The office was in a state of disarray, and we found the house to be cluttered and ill-kempt. It was not a welcoming environment.

We could not be assured in the skill set of staff or their ability to communicate effectively. We were concerned about the oversight and safety of the residents living in the service.

The service requires in depth oversight from the senior management team, as the current staffing arrangements are seriously impacting on outcomes for people.

This requirement was not met and will be reinstated to be met by 3 April 2025.

Not met

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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