

# Cornerstone West Dunbartonshire Community Support Housing Support Service

Carman Centre  
175 Main Street  
Renton  
Dumbarton  
G82 4PF

Telephone: 01389750403

**Type of inspection:**  
Unannounced

**Completed on:**  
15 January 2025

**Service provided by:**  
Cornerstone Community Care

**Service provider number:**  
SP2003000013

**Service no:**  
CS2024000132

## About the service

Cornerstone offer a number of services in the West Dunbartonshire area. These include community support day services. Cornerstone identify outcomes based on four key areas: increased social inclusion, improved health, improved independence and responsibility, and improved wellbeing. Cornerstone staff work closely with the individuals, and their families, to support these goals.

## About the inspection

This was an unannounced inspection which took place on 8, 9, 10, 14 and 15 January 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 four people using the service and three of their family
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- People had good relationships with their staff team.
- People experienced good health and wellbeing outcomes.
- Support hours had been reduced by the Health and Social Care Partnership which had negative outcomes for people and their relatives.
- Care plans and reviews should improve and be brought up to date.
- Regular audits of all the service activities should be carried out by the seniors and managers.

## 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?	4 - Good
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?

4 - 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.

All the people we spoke to said they were happy with the staff who provided their support. We observed staff having a good rapport with people and people trusted their guidance when speaking to us.

People were active and enjoyed getting out, experiencing different opportunities with support. People were fully involved in making decisions about their physical and emotional wellbeing which was reflected through their personal plans. However, a few relatives told us how having their hours reduced by the health and social care partnership impacted negatively on their lives. People had limited choice over some of their outcomes and the activities they liked to attend. We have fed this back to the relevant staff within the Care Inspectorate.

We saw evidence in daily notes of people choosing what meals they would like to eat and participating in creating their shopping lists. This ensured people had control and maintained their independence.

Healthy eating and exercise were very much a feature in people's outcomes. Walking, taking public transport and swimming were a few of the activities people participated in. This contributed to people's wellbeing. One example showed how someone was managing their diagnosis of diabetes with support and guidance from their staff team.

Medication recording sheets were mostly signed off, apart from a few with gaps. There was no explanation or reason given. Staff should be consistent when completing what medication people were receiving regarding the strength and of how many times a day people would have this administered.

## How good is our leadership?

3 - Adequate

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

There was a new manager in post since August 2024. This had a positive impact on the service which was felt by staff and the relatives we spoke to. The manager had made some effective changes to some of the organisational systems. This would allow a more streamlined approach to how staff worked.

We saw evidence of one team meeting minute; however, there was no evidence of previous team meeting minutes which meant this had not been embedded into their culture. Staff should have the opportunity to come together to share experiences and allow the manager to advise and guide best practice.

Spot check audits had not taken place relating to staff practice so there was no evidence of how managers and leaders monitored staff to support improvement. The manager and seniors should observe and gain feedback about how staff are working with people experiencing care (see area for improvement 1).

The service improvement plan was created in November 2024; however, it had not been reviewed regularly to check progress. This meant the manager was not updated on how actions had been completed by staff.

The detail in the plan should be further improved and monitored for achievements of goals (see area for improvement 1).

Staff supervisions had taken place for some staff, but not for all. Some of the quality of the information recorded needed to improve. This would evidence how staff were progressing in their roles to offer the best support and care to people (see area for improvement 2).

### Areas for improvement

1. To ensure people are confident that the care they receive is well led and managed, the provider should include, but is not limited to:

- carry out assessment of the service's performance through effective audits
- develop action plans which include specific and measurable actions designed to lead to continuous improvements
- detailed timescales for completion/review
- include the view and opinions of key stakeholders
- ensuring staff who undertake quality assurance roles are trained and supported
- ensure affective management oversight and leadership to drive forward the improvements needed
- maintain a comprehensive improvement plan reflecting the outcomes of quality assurance processes.

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 comprehensive and transparent quality assurance processes' (HSCS 4.19); and

'I use a service and organisation that are well led and managed' (HSCS 4.23).

2. The provider should continue to implement and develop staff supervision to ensure that staff are supported, motivated and helped to develop their skills and knowledge. This should include reflecting on practice and professional registration requirements, including recognising learning and development opportunities.

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

### How good is our staff team?

**4 - Good**

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

Relatives we spoke to advised of some staffing problems they experienced. This was due to the service not having the full complement of staff. This meant that sometimes people did not have the staff they were used to or, on rare occasions, did not get the support they were due on that day. The provider should be

proactive and find ways to ensure this situation is addressed to ensure people are not distressed and upset as a result. Please see part of requirement under key question 5.

Communication and team building was lacking, which staff wanted to see improve. This would have a positive impact on staff support and practice. The manager had set up future team meetings and had already arranged one which had taken place.

We looked at the previous four-week rota which showed that people's support was covered at each shift. However, we heard about times where staff have been unable to attend people's support. For people living with families, this caused those already vulnerable more stress due to their job commitments and how the changes impacted on the people's behaviour which the family were left to resolve.

Staff were reliable, consistent and part of small team. This offered a more intimate and solid staff team who people were familiar with.

Staffing arrangements were determined by a process of continuous assessment. This includes scheduling that takes account of the importance of matching staff to people, along with considerations of compatibility and continuity. However, please see the above mentioned about staffing numbers not always being able to deliver support.

Induction of staff was professionally managed with an informative workbook in place to support staff throughout their first six months. Staff felt this was beneficial to getting to know their role and service. Probationary periods were completed and supervisions had taken place. Managers were accessible and supportive.

Training records showed training was up to date, with very high rates of compliance. This meant that people were being supported by staff who were knowledgeable and skilled to carry out their support role.

## How well is our care and support planned?

## 3 - Adequate

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

Care plans contained detailed information relating to people's care and support outcomes. People and their relatives were involved in the creation of the plans, which meant they had ownership and a say about its content.

Some people had copies of their plan in their home if they wished. This meant they could access the plan whenever they needed to. Some plans did not reflect the up-to-date care and support experienced by people. This meant people could not be assured they were receiving the right care at the right time. Additionally, this meant that people could be at risk of harm. New staff would not be working from accurate information and guidelines (see requirement 1).

Six-monthly reviews of care plans were mixed, where some had taken place regularly and others were overdue. This meant people and their relatives could not be assured if people were meeting their outcomes (see requirement 1).

## Requirements

1. By 21 March 2025, to ensure people's care and support needs are met effectively, the provider must ensure staffing arrangements are safe. To do this, the provider must, at a minimum:

- regularly assess and review and update people's care plans and support needs
- demonstrate how the outcome of people's care plan assessments are used to inform staffing arrangements and numbers.

This is to comply with Regulation 5(2)(b) (Personal plans) 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:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15); and  
'My needs are met by the right number of people' (HSCS 3.15).

## Complaints

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

## 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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
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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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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