

# Cornerstone Aberdeen East Housing Support Service

Centurion Court  
North Esplanade West  
Aberdeen  
AB11 5QH

Telephone: 01224 256 000

**Type of inspection:**  
Unannounced

**Completed on:**  
12 March 2025

**Service provided by:**  
Cornerstone Community Care

**Service provider number:**  
SP2003000013

**Service no:**  
CS2003051752

## About the service

Cornerstone Aberdeen East is a housing support and care at home service, which is registered to provide support for adults with learning disabilities, physical disabilities, older people and acquired brain injuries in the community and in their own home.

There are three properties included in this registration, located in Aberdeen, all within walking distance. One property is a shared house with five people living together, who receive 24-hour care. There are two flats, shared between three people who receive varying hours of support.

This registration no longer provides care to older people living in sheltered housing.

## About the inspection

This was an unannounced inspection which took place between 5 and 7 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 seven people using the service
- spoke with 11 staff and management
- observed practice and daily life in two locations
- reviewed documents
- gained feedback from visiting professionals.

## Key messages

- Staff recognised people's changing health needs, which ensured people received prompt health care and this helped to keep people well.
- People were supported to have a strong sense of their own identity and wellbeing and as a result they would gain in confidence.
- Relationships between people were much improved and this created a harmonious group-living atmosphere.
- People told us they felt confident giving feedback and raising concerns, knowing leaders would act quickly to improve their care. This open culture made people feel valued, included, and respected.
- The service had effective quality assurance systems which monitored the standard of care and this meant they quickly identified and acted upon areas for improvement.

## 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?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very 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?

5 - Very Good

We found significant strengths in the care provided which supported positive outcomes for people; therefore, we evaluated this key question as very good.

People were supported to have a strong sense of their own identity and wellbeing, and correspondingly gained in confidence. Staff used their knowledge of people's health conditions, personal histories and past trauma to help people reach their potential. People who were previously distressed and in pain, were calm, engaged and enjoying life. Those who were constantly seeking reassurance, were trying new things and growing in confidence. People who feared healthcare, embraced their changing health needs and accepted new ways of receiving care.

People regularly had fun together, which strengthened their social bonds and built meaningful relationships. Previously, people who did not get along, developed friendships, creating a harmonious group-living atmosphere. People had developed a sense of fairness and cooperation with each other and this created a safe environment for people to relax. Staff were very good at supporting people to pursue their individual interests, while also promoting shared interests and this further strengthened their relationships.

Staff recognised people's changing health needs and were quick to react and share this information with the right professionals. This meant people received prompt health care. Staff were very good at following professional advice, such as positive behaviour guidelines or pain treatment plans, and this significantly improved people's health and wellbeing. People who had been very distressed, were calm and content, and people's pain was well-managed, so they were able to get more out of life. The service planned for people's future care needs, which enabled gradual and more manageable changes. This enabled people to adapt to the changes in a positive manner and embrace their new ways of living, for example, when their mobility decreased.

Mealtimes were sociable, enjoyable, and relaxed. People made their own snacks and drinks throughout the day and planned the dinner menu a week in advance, including homemade healthy meals. They engaged in conversation during meals, and staff were attentive to their needs.

Medication was well-managed and overall people received the correct medication at the right time. This meant people's health and wellbeing benefitted from their prescribed medication. The service had a number of checks and balances in place which ensured medication was managed safely. We provided some verbal feedback to the leadership team on ways they could further improve their medication system, and we look forward to following this up at the next inspection.

## How good is our leadership?

5 - Very Good

We found significant strengths in the management and leadership of the service and how these supported positive outcomes for people; therefore, we evaluated this key question as very good.

The service had effective quality assurance systems monitoring standards of care, management, staffing, and the environment. Comprehensive audits and observation systems drove improvement. The service quickly identified and acted on areas for improvement, demonstrating the effectiveness of these systems.

People told us they felt confident giving feedback and raising concerns, knowing leaders would act quickly to improve their care. This open culture made people feel valued, included, and respected. Continual evaluation of people's experiences and outcomes contributed to a much improved positive culture within the service.

The management team organised their time well between properties and people, ensuring good leadership oversight of the whole service. This provided essential safeguards for those receiving less than 24-hour care, ensuring their wellbeing and safety.

The service improvement plan was dynamic, continuously reflecting upon and improving the service. Actions identified were either completed or in process, showing leaders had a clear understanding of what was working well and what needed improvement.

Partnership working with external agencies had improved and these collaborative relationships resulted in better outcomes for people.

### How good is our staff team?

**5 - Very Good**

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

The service fostered a warm atmosphere, benefitting both people and staff. Staff had strong working relationships, they communicated effectively and they focused on improving people's experiences. They did this by working alongside people ensuring their wellbeing was at the centre of all decision making. As a result, people benefitted from a stable and consistent staff team who knew them well.

The service undertook regular assessments of staff competence which ensured their learning and development enhanced people's outcomes. Staff were well-trained and sensitive to individual needs, which meant people were well supported. Regular evaluations of staff performance allowed for reflection and skill development. Two staff felt they would benefit from mental health training and this information was anonymised and passed to the service so they could explore training options.

Staffing arrangements were based on individual's needs, as assessed by their funding authority. The service made best use of the allocated staffing by supporting people to organise and plan their weekly activities and this ensured everyone had the opportunity to pursue their interests. The staff were good at recognising and reporting people's changing needs and putting proactive and preventative measures in place to optimise their health and wellbeing. Staff responded flexibly to changing situations, ensuring consistent and reliable care.

### 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.

Everyone supported by the service had a support plan that detailed their care needs. The support plans were essentially good documents, which provided an understanding of people and how they should be supported. A particular strength of the support plans was that they incorporated external health professional guidelines into people's daily routines. For example, people had speech and language guidelines, safe eating and drinking guidelines and psychology guidelines for positive behaviour support,

and all of these documents were used to inform people's daily routines. This meant that people's support plans were right for them because they set out exactly how their needs should be met, so they received timely, consistent and responsive care.

The service was good at anticipating people's future care and support needs and working alongside health and social care professionals to plan and prepare for these changes. This worked very well for people as it gave them the time and support to adapt at a pace that was right for them.

At times, some paperwork was confusing because the files were not well organised. Important information needing priority could be easily missed, and older, irrelevant information could be mistaken for current. Likewise, some information was contradictory. This could result in the wrong support being delivered, albeit we found no evidence of that happening. The standard of care was very good. The provider is in the process of moving to digital care planning, however, in the interim they agreed to reorganise the files to ensure priority information is easily accessible and that care plans are fully updated.

The service supported people in identifying goals they wished to achieve, ranging from activities and outings to holidays, relationships, pets, learning new skills, or becoming more independent. People enthusiastically shared their goals and took pride in their achievements. Although people discussed their goals with staff, these were not always documented, making it difficult to track progress. Since these goals were important to people and people told us they regularly discussed them with staff, we suggested it would be good practice to record these discussions in people's six-monthly reviews and monthly meetings.

## 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

To ensure people's needs are met by the right number of staff, the provider should review people's support plans. Where people's needs have increased, they should be referred to their placing authority for review. The provider should keep written records that clearly demonstrate people's changing and/or increased needs, so as to assist the placing authority with their assessment.

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

'My needs are met by the right number of people' (HSCS 3.15); and

'I am assessed by a qualified person, who involves other people and professionals as required' (HSCS 1.13).

**This area for improvement was made on 16 May 2022.**

#### Action taken since then

People's needs were met by sufficient staffing. When people's needs changed or increased, these were discussed with the placing authority and a range of support systems were implemented. The leadership

team improved their working relationships with external professionals, and this collaborative working enhanced people's health and wellbeing outcomes.

**We deemed this area for improvement as met.**

### Previous area for improvement 2

To ensure people are supported to stay well, the provider should develop individualised risk management plans for each supported living service, that details how they will respond in the event of an infectious outbreak, such as Covid-19. This should include, but is not limited to, consideration of how communal space would be used, increased cleaning, what PPE would be used, when and where PPE would be put on and taken off and the safe disposal of contaminated waste.

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

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

**This area for improvement was made on 16 May 2022.**

### Action taken since then

**Further work was required to meet this area for improvement and therefore, we deemed it as not met.**

The provider conducted an in-depth risk assessment for managing an infectious outbreak, covering personal protective equipment (PPE), safe laundry management and increased cleaning schedules.

Further work was needed to produce a plan or procedure for an infectious outbreak, including:

- where people will receive support when infectious and the potential impact on others. The guidance recommends for people to remain in their bedrooms, albeit this needs to be balanced with the impact on people's mental health, their ability to comply and understand and the support they'll require to do this.
- use of communal space during an infectious outbreak
- cohorting staff to prevent cross-contamination between properties
- what personal protective equipment should be used and when
- required cleaning levels, frequency and the recommended cleaning products.

We will follow this up at the next 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?	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very 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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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

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

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