

Cornerstone Maud Housing Support Service

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Type of inspection:
Unannounced

Completed on:
14 April 2025

Service provided by:
Cornerstone Community Care

Service provider number:
SP2003000013

Service no:
CS2021000190

About the service

Cornerstone Maud is a housing support and care at home service for adults with disabilities, provided by Cornerstone Community Care. The service is located in the centre of the village of Maud.

The service has capacity to provide care and support to six adults. The service consists of six individual flats, with a shared communal hall and lounge area. The service also benefits from a shared garden area.

At the time of inspection, six adults with learning disabilities and autism were being supported.

About the inspection

This was an unannounced inspection which took place on 8, 9 and 10 April 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 four people using the service and four of their families
- spoke with 15 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals
- reviewed feedback from six surveys returned to us prior to inspection.

Key messages

- Staffing arrangements did not meet people's needs.
- Staff were kind and friendly to people.
- People were supported to access healthcare to support their general health.
- Further improvement was required to ensure safe medication management.
- Infection prevention and control practices had improved.
- Quality and assurance checks did not always lead to improvements.
- Poor communication within the service led to delays in care.
- Care plans were not updated following changes in people's health.

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?	2 - Weak
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?

3 - Adequate

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

People's personal care needs were supported, and they appeared clean and well dressed. People appeared happy and settled in their home and were able to access the communal areas of the building and garden with ease. People could look and feel their best, and relax in their home.

Staff were kind and friendly. However, at times, staff did not respect people's privacy. Staff entered people's homes without knocking or awaiting invitation. The provider should ensure that all staff understand their workplace is a person's home. We will review this at future inspections.

People were supported to access healthcare to maintain their general health. Staff monitored people's health and referred them to the appropriate professionals, when needed. One person told us, "The staff take me to the doctor and the dentist." Attendance at health appointments were recorded, however, the outcome of health appointments were not always recorded or communicated to the staff team. This resulted in a delay in one person receiving pain relief medication. The provider must ensure that communication is improved within the staff team to ensure people's health needs are met promptly. **(See Requirement 1, and see Key Question 3: How good is our staff team? Requirement 2)**

Medication assessments had improved, meaning staff gave the correct amount of support to people. However, improvements had not been made to the management of 'as required' medication. Some people did not have 'as required' medication care plans. This resulted in staff not knowing when to administer that medication. Staff did not always effectively record the use of 'as required' medication, meaning that its effectiveness could not be monitored. Medication records were not updated following one person's discharge from hospital. This could have led to the incorrect amount of medication being given. The provider must ensure that people's medication care plans are clear, and that 'as required' medication management is improved. **(See Requirement 1)**

People were supported to eat and drink food that was right for them. People were involved in choosing their menus and had access to fresh fruit and vegetables. One person required additional care as they had lost weight. The provider worked with appropriate professionals and the person's welfare guardian to implement a plan to support improved nutrition. This should result in the person gaining weight.

Communication with people was accessible and person-centred. People were supported with social stories to support them in various activities. Activity boards were in picture format to ensure people were aware of activities within the service. People were aware of which staff were supporting them with individual staff boards in their tenancies. People were supported to communicate in ways that worked for them.

Requirements

1. By 16 June 2025, the provider must ensure people benefit from safe medication management procedures.

To do this, the provider must, at a minimum:

a) ensure all people have clear 'as required' medication care plans;

- b) ensure 'as required' medication, and the outcome of taking this, is recorded;
- c) ensure that medication administration records are updated accurately following a change in instruction; and
- d) ensure all staff are aware of the importance of 'as required' medication.

This is to comply with Regulation 4(1)(a) 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 states:

'My care and support meets my needs and is right for me' (HSCS 1.19).

How good is our leadership?

3 - Adequate

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

The service had an improvement plan in place, however, this did not seek the views of people, staff or families. Leaders should explore how they seek the views of people and families to further enhance the service improvement plan. We will review this at future inspections.

Leaders had reviewed the audit tools they used to assess the quality of people's experiences. However, the audits did not always result in improvements. For example, health and safety audits did not result in tasks being done promptly. The provider should ensure that audits lead to meaningful improvements in the service. **(See 'What the service has done to meet requirements made at or since our last inspection?')**

People were supported to manage their finances. Regular audits meant that people's day-to-day finances were protected. The provider also kept large amounts of money for some people, however, this was not audited as regularly. The provider assured us that this will be improved, and that all cash balances will be audited regularly. This should reduce the risk of financial harm. We will review this at future inspections.

Unplanned events, such as accidents and medication errors, were investigated well. However, episodes of stress and distress did not have a recorded investigation after each event. We were assured that a new investigation template will be used to investigate any episode of stress and distress. This should allow leaders to identify the causes for stress and distress and reduce the likelihood of reoccurrence. We will review the impact this has on people's experiences at future inspections.

Complaints were managed well by the provider. Leaders kept a record of informal complaints and compliments. This meant that this feedback could be used to make improvements. However, accessible information on how to make a complaint was not available in the service. This could result in a barrier for people wishing to make a complaint. One family member told us they 'weren't aware of how to make a formal complaint to the provider.' Leaders assured us that the service will highlight the complaint procedure to all people and families. We will review this at future inspections.

How good is our staff team?

2 - Weak

We evaluated this key question as weak. Whilst some strengths could be identified, these were compromised by significant weaknesses.

The service had recently recruited and inducted several new staff. The service did not use agency staff but was supported by a team of regular 'bank' staff. Improved staff numbers should mean people get the support they need, when they need it.

Leaders and staff demonstrated strengths when arranging support in critical situations. Staff responded quickly and calmly when one person required urgent health care. One family praised the service's quick response and expressed gratitude to staff who went "above and beyond." People were supported to access health care by responsive staff who knew them well.

Staff numbers were often insufficient to meet all people's needs. While staff strived to provide cover, working additional shifts and being as flexible as possible, records indicated that the service did not have enough staff everyday. This resulted in people having less support than they should. One person told us, "Staff don't have enough time to support me, they told me you know we are short staffed today." The provider must ensure that there are sufficient staff numbers on duty to meet people's needs. **(See Requirement 1)**

People did not always benefit from sufficient staffing arrangements. One person's personal care was often delayed. One family member told us that staff are changed regularly, resulting in their loved one missing out on their planned activities. People should experience the care and support they need, at the right time, from the correct amount of staff. The provider must ensure that staff are deployed effectively to meet people's needs. **(See Requirement 1)**

Communication within the team did not always lead to positive outcomes for people. Whilst there were handover procedures and recording tools in place, many staff told us these were not effective. This resulted in important information being missed. On one occasion, this resulted in a person not receiving the medication they required for a prolonged period. The provider must ensure that people benefit from effective communication and recording systems. **(See Requirement 2)**

Requirements

1. By 16 June 2025, the provider must ensure that sufficient staff are available to meet all people's needs.

To do this, the provider must, at a minimum:

- a) demonstrate how the outcome of people's assessments is used to inform staffing numbers and arrangements;
- b) regularly assess and review people's care and support needs and wishes, and plan staffing accordingly;

c) review how people are allocated staff, to ensure consistency of support throughout the day; and

d) ensure there is a suitable contingency plan in place for periods of low staffing.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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

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

2. By 16 June 2025, the provider must ensure people benefit from effective communication within the service.

To do this, the provider must, at a minimum:

a) ensure sufficient systems and procedures are in place to support the effective handover of information;

b) ensure staff and leaders collaborate and communicate effectively;

c) ensure staff understand the importance of effective recording. This should include, but is not limited to, health and wellbeing recordings; and

d) ensure that, when people's needs change, care plans are updated and shared with all staff and any other relevant people.

This is to comply with Regulation 4(1)(a) 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 states:

'My care and support is consistent and stable because people work together well' (HSCS 3.19).

How well is our care and support planned?

3 - Adequate

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

Each person had a care plan in place, and they were accessible for people and staff. Care plans contained input from health professionals, such as, physiotherapist, speech and language therapist and dietician. Staff were aware of people's dietary guidance. We observed staff follow guidance to fortify people's food to support improved nutrition. People's health benefitted when care plans were in place.

Care plans were not updated following changes to people's health. One person did not have a care plan that reflected changes in their care needs following a discharge from hospital. This could have resulted in care and support not meeting their changing needs. The provider should ensure that care plans are updated regularly and following any change in the person's prescribed care and support. **(See 'What the service has done to meet areas for improvement made at or since the last inspection' and Key Question 'How good is our staff team?' Requirement 2)**

Reviews took place regularly involving people, guardians and professionals. Review meeting minutes indicated that people could discuss their hopes and aspirations. The provider should continue to work with people to identify meaningful goals, to ensure they benefit from the care and support that they want and need.

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

Requirements

Requirement 1

By 4 October 2024, the provider must ensure that people are safeguarded by robust quality assurance processes and audits, that inform improvement.

To do this, the provider must, at a minimum:

- a) review current checks and audits to ensure these meet the needs of the service; and
- b) ensure checks and audits are carried out regularly and that any deficits are investigated and acted upon quickly.

This is to comply with Regulation 4(1)(a) 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 states:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 30 July 2024.

Action taken on previous requirement

Leaders had reviewed audit tools and checks. Spot checks were regular and sometimes detailed where improvements were needed. Whilst some improvements had been made, this was not consistent in all aspects of service delivery. For example:

- Medication audits did not highlight a lack of 'as required' medication care plans for one person.
- Health, safety and environmental spot checks highlighted issues but did not always lead to the desired improvements.
- Care plan audits did not result in care plans that contained the necessary information to keep people safe.

The provider must ensure that audits both highlight areas of improvement and ensure that corrective action is taken to improve the service. We will review this at future inspections.

We have agreed an extension until 16 June 2025.

Not met

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 benefit from safe infection prevention and control practices, the provider should review its policies and procedures for the management of respiratory symptoms, in line with current guidance and legislation.

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

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14)

and

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

This area for improvement was made on 30 July 2024.

Action taken since then

Infection prevention and control practices had improved. The provider had created a draft policy and procedure that was in place in the service. This had been discussed with staff, and most staff were aware of how to proceed if a person displayed signs of illness. Staff wore appropriate Personal Protective Equipment (PPE) when supporting a person with a respiratory illness. People received care and support that was in line

with current guidance and legislation.

This area for improvement has been met.

Previous area for improvement 2

To ensure that people receive the correct level of care and support, the provider should review medication assessments and ensure appropriate recording of 'as required' medication.

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

'My care and support meets my needs and is right for me' (HSCS 1.19)

and

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 30 July 2024.

Action taken since then

Medication assessments had improved, they were clear, and directed staff to give the correct level of support. However, 'as required' medication recording had not sufficiently improved. One person did not have 'as required' medication care plans. Staff were not confident about when to give these medications. This could result in the person not receiving medications promptly. We were not confident that the provider had made the necessary improvements to ensure the safe management of 'as required' medication.

This area for improvement has been partially met and will be removed.

A new requirement will be made in Key Question 1, 'How well do we support people's wellbeing?' Requirement 1.

Previous area for improvement 3

To ensure that people benefit from consistent care and support, the provider should review support plans to ensure they contain up-to-date information about people's care and support, and that outcomes are relevant and supported.

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

'My care and support meets my needs and is right for me' (HSCS 1.19)

and

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

This area for improvement was made on 30 July 2024.

Action taken since then

Care plans had been reviewed. However, when one person's health needs changed, care plans were not updated to reflect these changes. Staff were not aware of how to support this person's changing health needs. The service should ensure that care plans are updated as and when people's needs change, and that these changes are communicated to all staff.

This area for improvement has not been met and will be removed.

This has been incorporated into a new requirement. Please see Key Question 3, 'How good is our staff team?' Requirement 2.

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
1.3 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
How good is our staff team?	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak
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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