

# Cornerstone West Dunbartonshire Community Support Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
27 March 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 follow up inspection which took place on 26 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 two team leaders and management
- reviewed documents.

## Key messages

- The service had made progress with the updating of care plans.
- Care plan reviews were taking place regularly.
- Staff supervisions had improved to ensure staff practice was monitored and developed.
- Quality assurance of the overall service was still in the process of being improved.
- Staff recruitment and arrangements continued to be difficult but work was progressing.

## 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 good is our staff team?	4 - 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 good is our staff team?

4 - Good

We found the service had worked hard to recruit care staff to the service. However, this continued to prove difficult. On the day of our inspection, the staff team were conducting interviews for care staff and hoped to be successful in appointing three members of staff.

The service mostly had staff supporting people as planned; however, there were a few occasions when they could not send the usual staff to the planned support. The service tried their best to cover this with seniors or staff who were familiar to people. However, this meant some people could become upset and relatives had to deliver the support. It is hoped once the staffing levels are up to the correct levels that these situations would reduce. This had been part of the requirement made in the previous inspection. However, due to the work in progress we decided to make this an area for improvement (see area for improvement 1).

### Areas for improvement

1. The service provider should continue to review the staffing arrangements in the service to ensure that there are sufficient staff numbers to meet the assessed care needs of people identified in care plans.

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

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

## How well is our care and support planned?

4 - Good

We have re-evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement. This was as a result of the improvements the service had made to the care planning and review process.

Care plans had been and updated to reflect people's current needs and outcomes. One-page profiles were person centred and supported staff to know what was important to people. Stress and Distress plans guided staff to support people effectively in an individualised manner. This meant people could be assured that their health and wellbeing was supported by staff who remained knowledgeable.

Care plan reviews had taken place to ensure people had an up-to-date care plan which was reflecting of the care needs. We discussed some areas which could be improved, such as the narratives being more informative of every aspect of people's outcomes. Particular attention should be given to goal setting for the next six months of planning.

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

### Requirements

#### Requirement 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 people's care and support needs
- demonstrate how the outcome of people's assessments are used to inform staffing numbers and arrangements.

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).

**This requirement was made on 15 January 2025.**

#### Action taken on previous requirement

Care plans had improved which set out the up-to-date needs and outcomes of people. This meant staff were able to support people appropriately and to their wishes. Reviews had taken place and on a six-monthly basis. This also contributed to people's care plans being updated and monitoring the progress of people's outcomes on a regular basis, and in line with good practice and legislation. The service met this aspect of the area for improvement.

Staff supervisions were taking place regularly to ensure staff support and practice was reflective of people's care plan guidance. We discussed how the documentation of supervisions could be enhanced to capture how the supervisors were feeding back staff practice and development. This would ensure that meaningful evidence was being recorded and goals being set for work practice progression. The service met this aspect of the area for improvement.

The service had worked hard to recruit staff into post and were interviewing on the day of inspection. The services were covered by staff or by the team leaders if staff were not available. We have met this part of the requirement; however, we have made it an area for improvement under 3.3 until the staffing levels are established and more settled.

#### Met - within timescales

## 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 are confident 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 effective 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).

**This area for improvement was made on 15 January 2025.**

#### Action taken since then

This area for improvement had not been met due to an oversight of the manager.

**Therefore, we will repeat this area for improvement.**

#### Previous area for improvement 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).

**This area for improvement was made on 15 January 2025.**

**Action taken since then**

Supervisions were taking place regularly and further dates set. We found the content of the supervisions to be mixed, where some supervisors completed these to present as more meaningful. We discussed and signposted the manager to some best practice indicators to enhance supervisor knowledge and skill to get the best out of staff and the process.

**This area for improvement was met.**

**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 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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good



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