

# Cornerstone Dundee Housing Support and Care At Home Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
18 April 2025

**Service provided by:**  
Cornerstone Community Care

**Service provider number:**  
SP2003000013

**Service no:**  
CS2004073003

## About the service

Cornerstone Dundee provides a care at home and housing support service to 15 people who have a learning disability. The service supports people in their own homes across Dundee in six separate locations. Cornerstone's focus is to ensure that the people being supported receive the care and support they need to live the best life possible.

## About the inspection

This was an unannounced inspection which took place between 14 and 17 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, and this included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

During the inspection, we:

- Spoke with nine people using the service and two of their relatives
- Spoke with five members of staff and the leadership team
- Reviewed documents
- Observed daily practice
- Reviewed questionnaires completed by people using the service, staff and visiting professionals

## Key messages

- People's skills and abilities were valued, and their independence was promoted
- People and their relatives spoke highly of the staff team
- Quality assurance systems used to inform management oversight needed to be used more effectively
- Care plans and risk assessments did not always contain consistent, current, or accurate information
- The leadership team was responsive to suggestions 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?	3 - Adequate
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?

## 3 - Adequate

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

People, relatives, visiting professionals and staff spoke positively about the quality of care, and we observed staff were interacting with people in a kind and caring manner. A family member told us "I am generally very happy and (my relative) is happy" and a member of staff commented that the people the service supported "are the number one priority."

People were being supported to maximise their independence and people's skills, abilities and strengths were recognised and valued, for example, people were encouraged and supported to take their own medication if they were able to do so. A staff member told us "each person supported is treated as the individual they are, they are encouraged to make choices and take risks .... whilst being supported to remain safe in doing so."

The service had created numerous opportunities for people which promoted social inclusion such as the 'pool, pie and pint group' and the Valentine's Ball and people were supported to be active members of their local communities which had led to them forming natural friendships. The service was committed to encouraging and supporting people to live fulfilled lives which in turn benefited their emotional wellbeing and reduced social isolation.

People's communication needs were detailed in care plans and the service supported people's individual communication needs well. We observed a variety of communication tools and visual prompts being used to support individuals. People were supported to communicate in a way and pace that was right for them by staff who were sensitive to their needs.

People's health and wellbeing needs were being assessed and reviewed on an ongoing basis. A visiting professional told us that staff were "very knowledgeable about people's health care needs." People were supported to access community health services as well as specialist learning disability services. The service had strong links with a variety of health professionals and because staff were familiar with the people they supported, they were able to easily identify changes in their health and wellbeing, and this meant people got the right medical support when they needed it and without delay.

The service has a responsibility to ensure that there is always a sufficient stock of people's required medication to prevent any risk of harm to their health or wellbeing and to ensure that people get the medication prescribed to them at the right time. We found that there had been recent incidents where people's prescribed medication had not been re-ordered or received by the service in suitable time. The leadership team was aware of these issues, and these were being addressed at the time of inspection although had not been resolved. We discussed with the service, that this matter needed to be prioritised to safeguard people's health and wellbeing which they agreed to action.

In some medication records sampled, we found no detail relating to people's allergies, but this matter was rectified immediately when it was highlighted to the leadership team. Where people were prescribed 'when required' PRN medication, records and protocols needed to reflect GP guidance as to when this was required and when it should be withheld to ensure that staff understood when and how such medication should be administered. Again, this was immediately addressed by the service when raised and people could therefore

be assured that staff had clear guidance as to how their medication should be administered correctly in the future.

Correct protocol was not always followed by the service in relation to medication errors and therefore we could not be assured that people's medication was consistently being managed safely by the service.

Hospital passports were in place however we were unable to confirm when some of these had been reviewed due to missing dates. When we raised this with the service, this was immediately actioned and the documents without dates were reviewed and updated to ensure they were current and accurate. This meant that if someone had to be admitted to hospital, that the most up to date and essential information about them was available to hospital staff.

People had access to snacks and drinks throughout the day and were involved in planning and preparing their own meals in accordance with their ability to do so. We found numerous omissions in records relating to eating and drinking monitoring and key information pertaining to eating and drinking requirements was not reflected consistently across all relevant care documents. Because of this, there was a potential for staff confusion in relation to people's eating and drinking needs and a risk that people's food and fluid targets were not being met in accordance with their assessed care arrangements.

Some daily notes were detailed and told a story about how someone's day had been however other daily notes sampled were not being completed by staff consistently and in some instances, there were significant gaps in recordings. Important or relevant information was not always shared via the daily notes or consistently across the services and this poor communication meant that staff did not always have available to them current information about people they were supporting.

### How good is our leadership?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses. Overall, there were systems in place to support oversight, but they needed to be used more effectively.

Not all accidents and incidents that were reportable had been reported. The leadership team confirmed that they had not been aware of all incidents due to the volume of these received which included incidents that were not specific to their service. We therefore could not be assured that there had been appropriate analysis or actions taken by the leadership team in relation to all incidents and accidents. The leadership team took steps to ensure that in the future, they would only be in receipt of relevant notifications which they hoped would alleviate a recurrence of this nature.

The service had undertaken self-evaluation which was used to determine improvements required. There was a detailed improvement plan in place which covered each service. People and their families' or representatives' views were sought by the service, and this feedback was then incorporated into service improvement actions. People and their relatives knew how to raise concerns, and they felt confident that any concerns they raised would be dealt with appropriately by the leadership team. The opinions and comments received from people and those important to them, were valued and respected by the service and it was clear that their views mattered and informed the direction of the service.

Staff training was recorded on a training matrix and managers could easily identify staff's progress and remind them if training was upcoming or overdue. However, we found inconsistencies recorded and uncertainty from the leadership team in relation to how often observations of staff practice should be taking

place. The leadership team agreed to pursue clarity of this matter with the provider to ensure that compliance would be adhered to going forward in relation to staff competence monitoring.

There were quality assurance systems in place where areas were spot checked and actions noted however some issues identified during the inspection relating to medication; food and fluids; accidents and incidents; and health matters had not all been picked up by weekly checks, monthly checks or by management spot checks. We discussed with the leadership team that in order for there to be overall management oversight and confidence, quality assurance systems needed to be used effectively.

There needed to be improved quality assurance processes in place to ensure that the leadership team had overall oversight and confidence that the information contained within care plans and risk assessments was consistent, accurate and current. Auditing was required to ensure that information contained within files was being reviewed and updated regularly by the services for the leadership team to be assured that the care arrangements for the people they were supporting continued to be right for them (see requirement 1).

## Requirements

1. By 24 October 2025, the service must make sure that there are appropriate and quality assurance systems in place to ensure that the health, safety, and wellbeing requirements of people receiving care are met, and that they experience positive outcomes.

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

- a) implement audits which enable the quality of the service to be monitored and which identify areas for improvement
- b) ensure any identified areas for improvement are addressed without delay
- c) ensure appropriate and effective leadership of the service at all times

**This is in order to comply with Regulation 4(1)(a), Regulation 10(2)(a), Regulation 10(2)(b) and Regulation 10(2)(d) 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:

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

## How good is our staff team?

**4 - Good**

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

Staff were being recruited safely and in accordance with safe staffing guidance. All staff We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff were being recruited safely and in accordance with safe staffing guidance. All staff whose records we

checked were registered with the Scottish Social Services Council (SSSC) and had been recruited correctly therefore people could be assured that the staff supporting them had been recruited safely.

Most staff felt that the service supported people well. Staff told us that, generally, they communicated well together and that they worked well together in their teams. Staff enjoyed their jobs and demonstrated compassion and enthusiasm when they talked about the people they supported. One person told us "I love all the staff" and another remarked "they are like second family .... I couldn't ask for better staff." A family member informed us that "staff are all really good."

Staff were observed working respectfully within people's homes and treating the people they supported with compassion and dignity. We heard staff having meaningful conversations with people. People benefited from a warm atmosphere because staff worked well together and because they respected and valued people's rights and wishes.

Staff were being regularly supervised and mainly felt well supported by their managers. Staff felt that they had good training opportunities and told us that when they had identified learning gaps relevant to their role, that appropriate training had been facilitated for them which demonstrated a commitment from the service to ensuring staff continued to develop in confidence and skills.

Where it was deemed necessary, staff were at times redeployed within the service. It was not always clear to relatives why staff had been moved and a relative advised of the negative impact this had on their family member due to minimal preparation for the supported person that there was going to be a change and the loss of a staff member with whom they had built a positive relationship. Whilst we recognise that it may not always be possible to plan and prepare for such moves of staff, the leadership team agreed to consider such arrangements going forward to minimise upset and distress for people being cared for.

Staff rotas we sampled confirmed that delivery of care was in accordance with scheduled care arrangements, and we heard from staff and relatives that the service would always try to ensure that people would get to their planned activities even if unpredictable staffing shortages occurred. The service endeavoured to cover all unplanned staff absences which ensured consistency of care for people and meant people continued to receive their care without disruption.

## How well is our care and support planned?

## 3 - Adequate

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

People and their relatives were involved in making decisions about care arrangements and were fully included in care planning and reviewing activity. Where people were not fully able to express their wishes, people important to them or who had legal authority were involved in deciding their care arrangements.

There had been a significant improvement since the last inspection and reviews were now being undertaken and completed in accordance with legislative requirements. Reviews were person-centred and people led these or parts of these as they were able to do so. Incorporated within reviews and preparation for this was songs, videos, visual prompts, and people were integral to and included in the process of making decisions about their lives. Reviews contained photographs and were adapted to a format that people could understand.

Whilst care plans were detailed and considered most aspects of care requirements, not all identified risks were contained within individual plans and risk assessments. This meant that care plans and risk

assessments did not accurately reflect the care and support people needed and there was a risk of people not receiving the right support if staff were unfamiliar with their care requirements. It is important that all information contained within a care plan is accurate, current, and consistent to ensure that people's care and health requirements are being met (see requirement 1).

Some staff members felt they required more training in relation to the use of the electronic care file system and to help them understand the paperwork they were required to complete. Similar issues had been identified at the previous inspection and although training is proposed, we discussed with the leadership team that it is essential that staff have the right skills to be able to access care plans without any further delay so ensure they could be satisfied with staff's ability to work confidently and competently.

## Requirements

1. By 24 October 2025, extended from 02 November 2024, the provider must ensure that people's health and wellbeing is supported by comprehensive and accurate records. To do this, the provider must, at a minimum:

- a) ensure care plans accurately and consistently reflect the current health and care needs of the person with priority given to nutrition and dietary requirements
- b) ensure risk assessments accurately reflect any identified risks to the person's health and includes an assessment of those risks and the steps that are to be taken to reduce or mitigate these risks
- c) ensure that all staff are confident and competent operating electronic systems which are used to document care plans, reviews, and risk assessments
- d) ensure the management implements an ongoing quality assurance system which creates effective oversight in monitoring reviews, risk assessments and updated care plans.

**This is to comply with Regulation 4(1)(a) (Welfare of users) and Regulation 5 (2)(b)(ii)(iii) (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 care and support meets my needs and is right for me' (HSCS 1.19), and  
'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).

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

## Requirements

### Requirement 1

1. By 2nd November 2024, the provider must ensure that people's health and wellbeing is supported by comprehensive and accurate records. To do this, the provider must, at a minimum:



- a) ensure care plans accurately and consistently reflect the current health and care needs of the person with priority given to nutrition and dietary requirements
- b) ensure risk assessments accurately reflect any identified risks to the person's health and includes an assessment of those risks and the steps that are to be taken to reduce or mitigate these risks
- c) ensure that there is a system in place to regularly review care plans and risk assessments and that they are updated when required
- d) ensure that all staff are confident and competent operating electronic systems which are used to document care plans, reviews, and risk assessments
- e) ensure the management implements an ongoing quality assurance system which creates effective oversight in monitoring reviews, risk assessments and updated care plans.

**This is to comply with Regulation 4(1)(a) (Welfare of users) and Regulation 5 (2)(b)(ii)(iii) (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 care and support meets my needs and is right for me' (HSCS 1.19); and  
 '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).

**This requirement was made on 2 August 2024.**

#### **Action taken on previous requirement**

The service now has an effective system in place to regularly review care plans and risk assessments and therefore part c of the requirement has been met. The remaining parts of the requirement remain unmet and will therefore be restated and extended.

**Not 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 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?	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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