Community Support Service - Glasgow
Support Service

Cornerstone
62 Templeton Street
Doges Building
Fourth Floor
Glasgow
G40 1DA

Telephone: 0141 378 0700

Type of inspection:
Unannounced

Completed on:
11 October 2019

Service provided by: Cornerstone Community Care
Service provider number: SP2003000013

Service no:
CS2006115816
About the service

Community Support Service Glasgow is registered to provide a housing support and care at home service. The service is provided to children under 16, adults and older people, with a learning disability or a physical disability, in their own homes and in the community. This report relates to the care at home service.

It is provided by Cornerstone Community Care, a voluntary organisation supporting people with a range of care and support needs. The service is designed to provide a wide range of flexible support from domiciliary care to social support to meet the needs of people.

The service continues to progress the development of an integrated model of care based on the Buurtzorg model. This approach is called, “Local Cornerstone” and involves small self-organised teams with devolved responsibility and local decision-making to provide care and support in a way that enables people to live a valued life. At the time of this inspection, only one of the staff teams was operating as a Local Cornerstone service with the others still managed in line with community support.

The overall aims of the service includes, to “provide individualised support to build self-confidence and independence, helping people to get the most from life... to provide a wide range of support from personal care to social support and are flexible to meet the needs of each individual.”

The service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

What people told us

We could see from our observations that people were at ease in staff company and had developed positive relationships with the regular staff supporting them. Verbal feedback from supported individuals and family carers highlighted a number of service strengths. However, we also received some issues of concern regarding service delivery, mainly related to consistency of support, rota management and communication.

Comments included,

“I am happy with the service, always respectful, punctual and they carry out the daily tasks.”
“My support workers are very friendly and respectful, X is superb...she encourages me to go out and build my confidence.”
“Lots of changes to staff on my rota so I don’t always know who is coming.”
“Lot of different staff all the time who don’t know my routine.”

Self assessment

The service was not required to provide a self assessment for this inspection.

From this inspection we graded this service as:

- Quality of care and support: 4 - Good
- Quality of staffing: not assessed
Quality of management and leadership 4 - Good

What the service does well

People who experience care should be accepted and valued whatever their needs and be treated with dignity and respect. We observed positive interactions between staff and supported individuals and a relaxed atmosphere within the homes we visited. People told us that they were treated with dignity and respect and staff were normally courteous and friendly. They felt they could speak to staff if they had any issues. We could see from the interactions that very positive relationships had been developed between the person receiving support and staff, based on trust and understanding.

We could see that the service was achieving positive outcomes for people. Feedback from staff, family carers and supported individuals described the positive impact the service was having on people’s lives including, providing reassurance, building confidence, keeping the person safe and at home for longer. Peoples’ support plans had a good level of detail which promoted wellbeing and we saw that regular advice and support was sought from relevant health and social care professionals.

Staff told us that they had regular access to training opportunities and specialist training was available, tailored to meet specific health and welfare needs. People experiencing the service and their families told us that they had confidence in their regular staff and that they provided a professional service.

People should expect that their personal plans are right for them, set out how their support needs will be met and detail their wishes and choices. The personal plans were written in a person-centred manner and contained a range of information. This meant that staff were guided to support people in the ways that were right for them.

Managers were actively seeking to achieve the best possible outcomes for people. This was exemplified in their plans to start up a new coffee shop social enterprise scheme and work with other partners to improve local childcare facilities. Once fully implemented, the provider’s new IT system was expected to improve care planning and lines of communication.

Staff described managers as supportive and approachable.

People should be encouraged to be involved in evaluating the quality of service delivery, as this helps them understand the standards they should expect from their care and support. The manager was preparing to send out questionnaire surveys to people receiving the service and family carers with a view to driving forward improvements and meaningful change.

What the service could do better

People should be fully involved in devising and agreeing their support plans to ensure the service is right for them and meets their needs and wishes. We continued to note that care records were not always signed off to confirm that people or their representative had been involved in their completion. This was easily rectified.

We noted that support plans were person centred, but would benefit from describing goals and outcomes that were more specific to the person and less generic in nature. Managers advised that a new system of electronic care planning was being developed and was due to be rolled out in the coming months. We will review progress in due course.
In the main, people were receiving regular reviews of their care and support, but we understood that some reviews were now overdue. Managers agreed to address this right away. (See Recommendation 1).

Staff and managers described a difficult year characterised by changes in staff teams and continuing high levels of staff turnover. Similar issues were raised at the last inspection because of the uncertainty and impact on people’s support. There was also a recognition that staff deployment and travel time could be better managed. A rolling recruitment programme and remapping of staff rotas were taking place to try and address these problems and ensure that everyone received a consistent level of support, something that some people told us was not guaranteed at this moment in time.

In general medication was managed appropriately. We discussed a few discrepancies we found with managers and signposted them to medication guidance so that the necessary improvements could be made. For instance, where staff administered prescribed ointments and creams, managers should develop a recording sheet for this to ensure accountability. Managers agreed to address this issue right away.

The Local Cornerstone (LCAS) team’s performance had been affected by changes in personnel, staff shortages and the need for the current group of workers to become confident in self-managing teamwork. Staff and managers both recognised that the LCAS team had not experienced appropriate induction training, support and leadership. Managers assured us that lessons would be learnt going forward. In line with this, a new mentor role had just been introduced to provide additional support to the LCAS team to help them to work more effectively together. We will be able to assess the impact of this at future inspections.

We would expect to see a more robust approach to quality assurance, with regular audits taking place, including sustaining a system of regular staff supervision, observational monitoring and reflective practice for staff. Widening out quality assurance in this way would improve outcomes for people as it would ensure that staff were working to best practice and that any areas of practice which required further development were identified and addressed (See Recommendation 2).

Some people’s feedback indicated that communication with managers could be better. It is expected that the imminent move to a new office location will facilitate management accessibility to staff and families alike.

The service’s improvement plan was primarily a management agenda. Staff were not aware of its contents and the Local Cornerstone service did not have a formal action plan of its own to inform its continuous improvement. The service improvement plans should evidence staff, service users, family carer and external agency involvement. It should also be provided to them in a suitable format, for instance at team meetings, through newsletters and other communication systems (See Recommendation 2). This would give everyone greater confidence that people were benefitting from the service providing the care and support and from a culture of continuous improvement.

The service’s aims and objectives were well written and linked to the health and social care standards. However, they did not make a distinction between the two uncombined services, Housing Support and Care at Home. Managers agreed to address this issue.
Recommendations

Number of recommendations: 2

1. To ensure that people’s care and support needs are appropriately met, managers should ensure that everyone receives regular reviews of their support plan and at least within a six month timeframe.

This will ensure care and support is consistent with the Health and Social Care Standards, which state: “I am fully involved in reviewing my personal plan, which is always available to me” (HSCS 2.17)

2. In order to ensure that people have confidence in the organisation providing their care and support, the provider should ensure that a comprehensive system of quality assurance is carried out through:

- regular audits in key areas of practice
- regular team meetings for all staff to reflect on good practice guidance and how theory has informed practice
- regular direct observation of staff’s actual work practice
- regular one to one supervision for all staff
- an improvement plan that is widened to evidence staff, service users, family carer and external agency involvement and making this available to them in a suitable format.

This ensures care and support is consistent with the Health and Social Care Standards, which state that, ‘I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes (HSCS 4.19), ‘I use a service and organisation that are well led and managed’ (HSCS 4.23).

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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

Previous requirements

There are no outstanding requirements.
Previous recommendations

Recommendation 1
To ensure that people’s care and support needs are appropriately met, managers should,

- carry out tighter audits of support plans, risk assessments, reviews and medication administration to ensure they are up to date, accountable and accurate, and reflect the actual care and support provided
- adopt a more outcome focused approach to reviews that clearly measures how well the outcomes that matter most to people and are identified in the person’s support plans are being achieved.

This will ensure care and support is consistent with the Health and Social Care Standards, which state: “My care and support meets my needs and is right for me” (HSCS 1.19)

This recommendation was made on 24 October 2018.

Action taken on previous recommendation
Support plans sampled were found to be up to date and reflective of people’s current support needs. However, there remained scope to detail identified goals and outcomes in a less generic way. We make further comment about support plans and quality assurance in general, within this report.

Recommendation 2
To ensure that people’s care and support needs are appropriately met, managers should ensure that everyone receives regular reviews of their support plan and at least within a six month timeframe.

This will ensure care and support is consistent with the Health and Social Care Standards, which state: “I am fully involved in reviewing my personal plan, which is always available to me” (HSCS 2.17)

This recommendation was made on 24 October 2018.

Action taken on previous recommendation
It was reported that a small number of reviews were overdue. Managers agreed to address this matter immediately.

Recommendation 3
In order that people can be confident that their care and support is consistent and stable, the manager should review its recruitment processes and strategy for staff retention to ensure continuity of support.

This will ensure care and support is consistent with the Health and Social Care Standards, which state: "My care and support is consistent and stable because people work together well” (HSCS 3.19).

This recommendation was made on 24 October 2018.
Action taken on previous recommendation
A rolling programme of recruitment was in place. Despite this, high levels of staff turnover continued to affect this service and information received from the manager indicated that a number of staff had left within a short space of time after commencing employment. We make further comment about the staffing situation within this report. This recommendation was not met.

Recommendation 4
In order that people can be confident that the service is provided by staff who are observed and receive feedback on their practice, and can reflect on their work performance, the manager should ensure that all staff:

- have opportunities as a team and individually to reflect on good practice guidance
- regularly undertake reflective accounts to demonstrate how theory has informed practice
- receive regular direct observation of their actual work practice

This will ensure care and support is consistent with the Health and Social Care Standards, which state: "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" (3.14).

This recommendation was made on 24 October 2018.

Action taken on previous recommendation
This recommendation was not met. We make further comment about this within the report.

Inspection and grading history

<table>
<thead>
<tr>
<th>Date</th>
<th>Type</th>
<th>Gradings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Oct 2018</td>
<td>Unannounced</td>
<td>Care and support</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Environment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staffing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Management and leadership</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 - Good</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not assessed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 - Very good</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not assessed</td>
</tr>
<tr>
<td>13 Oct 2017</td>
<td>Unannounced</td>
<td>Care and support</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Environment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staffing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Management and leadership</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 - Very good</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not assessed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 - Very good</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not assessed</td>
</tr>
<tr>
<td>2 Sep 2016</td>
<td>Unannounced</td>
<td>Care and support</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Environment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staffing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Management and leadership</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 - Very good</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not assessed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not assessed</td>
</tr>
<tr>
<td>21 Sep 2015</td>
<td>Announced (short</td>
<td>Care and support</td>
</tr>
<tr>
<td></td>
<td>notice)</td>
<td>Environment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 - Very good</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not assessed</td>
</tr>
<tr>
<td>Date</td>
<td>Type</td>
<td>Gradings</td>
</tr>
<tr>
<td>--------------</td>
<td>---------------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td></td>
<td>Staffing</td>
<td>5 - Very good</td>
</tr>
<tr>
<td></td>
<td>Management and leadership</td>
<td>4 - Good</td>
</tr>
<tr>
<td>23 May 2014</td>
<td>Announced (short notice)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Care and support</td>
<td>5 - Very good</td>
</tr>
<tr>
<td></td>
<td>Environment</td>
<td>Not assessed</td>
</tr>
<tr>
<td></td>
<td>Staffing</td>
<td>5 - Very good</td>
</tr>
<tr>
<td></td>
<td>Management and leadership</td>
<td>5 - Very good</td>
</tr>
<tr>
<td>15 Nov 2012</td>
<td>Announced (short notice)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Care and support</td>
<td>5 - Very good</td>
</tr>
<tr>
<td></td>
<td>Environment</td>
<td>Not assessed</td>
</tr>
<tr>
<td></td>
<td>Staffing</td>
<td>5 - Very good</td>
</tr>
<tr>
<td></td>
<td>Management and leadership</td>
<td>5 - Very good</td>
</tr>
<tr>
<td>14 Oct 2010</td>
<td>Announced</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Care and support</td>
<td>4 - Good</td>
</tr>
<tr>
<td></td>
<td>Environment</td>
<td>Not assessed</td>
</tr>
<tr>
<td></td>
<td>Staffing</td>
<td>Not assessed</td>
</tr>
<tr>
<td></td>
<td>Management and leadership</td>
<td>Not assessed</td>
</tr>
<tr>
<td>24 Mar 2010</td>
<td>Announced</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Care and support</td>
<td>4 - Good</td>
</tr>
<tr>
<td></td>
<td>Environment</td>
<td>Not assessed</td>
</tr>
<tr>
<td></td>
<td>Staffing</td>
<td>4 - Good</td>
</tr>
<tr>
<td></td>
<td>Management and leadership</td>
<td>Not assessed</td>
</tr>
</tbody>
</table>
This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren’t good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foilseachadh seo ri fhaighinn ann an cruthannan is cânain eile ma nìthear iarrtas.

অনুরোধসাব্যস্তে এই প্রকাশনাটি অন্য ফর্মাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشتہار بر حسب است کے پر دو چوبن لوکس اور دو یارالتون میں ہر زبان کے متعلق ہے۔

ब्रेटजी ‘दे हिंदी प्रकाशित तंतु कुंज़द और घ्राणक ज्ञानकार लिखित है।

هذه الوثيقة متوفرة بلغات ونمادج أخرى عندطلب.

本出版品有其他格式和其他語言備索。

Na życzenie niniesza publikacja dostępna jest także w innych formatach oraz językach.