Cornerstone Support Service: Care at Home Dundee, Perth and Angus
Support Service

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Cornerstone Community Care

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About the service

Cornerstone Support Service: Care at Home Dundee, Perth and Angus is a support service for children and young people with disabilities and other support needs. Support consists of personal care and support in children's own homes, an 'enabling' service, which supports children to access the community, and activity groups for different age ranges (though this part of the service is due to finish in the near future). A small number of children also have regular short breaks, consisting of stays in holiday accommodation provided by the local authority but staffed by Cornerstone.

The service is located in premises in Dryburgh Industrial Estate to the north of Dundee. The majority of children using the service live in the Dundee area, with a small number in Angus and Perth.

The service provider is Cornerstone Community Care, a registered charity and private company limited by guarantee, whose headquarters are in Aberdeen. Cornerstone provides a large number of registered care services to both children and adults throughout Scotland. Its main purpose is to 'deliver high quality care and support that enables everyone to live a valued life...'

What people told us

We received six questionnaires from parents and also spoke with five either on the telephone or in person. Feedback about the quality of the service was mixed: some indicated they were happy or very happy with the overall service, whilst others were less satisfied. Positive comments included senior staff being very supportive, helpful and quick to respond. Their child looked forward to staff visits. Another described the service as 'top quality' and professional, with staff who went 'above and beyond'. Another said the service was usually very reliable, with flexible staff who treated them with respect. Another parent told us that there had been some positive outcomes for their child, and that staff were kind and friendly. One said staff were good at making relationships with their child. Most of the negative comments were about reliability, high staff turnover and the service being short of staff, leading to some visits not being covered or difficulties in maintaining staff continuity. Two said they had not had much opportunity to share their views with managers or had not received a clear response when they raised concerns.

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 staffing?	3 - Adequate
How good is our setting?	not assessed
How well is our care and support planned?	2 - Weak

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

Children and young people had warm, positive relationships with most of the staff who supported them. Staff were clear that they placed a high priority on developing these relationships and creating trust. Some of them were well-established, whilst others were still developing. The children with more consistent core groups of staff had been able to benefit from higher levels of stability and security. Managers were aware however that they still had some way to go to in order to make this a reality for all the children they supported. By far the most important factors affecting this were the high turnover of staff and staffing shortages: we have identified relevant areas for improvement later in this report. There was evidence of staff implementing some of the principles of the Health and Social Care Standards (HSCS) in their work and interactions with children and families, for example showing respect, protecting their dignity and valuing their individuality. The service obtained consent from parents before sharing information with others. They also informed parents about their responsibilities for keeping their personal information safe. They either kept this securely under lock and key or used protected electronic storage.

Children's records contained good quality information about their routines, strengths and preferences to allow the service to cater care and support to their individual needs. Staff enabled them to express and exercise choice in line with their ability. This included how they spent their 'enabling time'. There was a good example of staff making creative use of tools to support a young person with additional communication needs to make choices. Staff took their lead from children, interpreting body language and facial expression where verbal communication was not possible. In one instance however, the plan for supporting a child to develop use of an alternative communication tool was not being implemented (or supported by appropriate staff training): we asked managers to discuss this with the parent. We saw some evidence of children developing new skills though there was limited documented evaluation for us to review. Activity clubs provided a very good range of things for children to do as well as opportunities to socialise with their peers. In most instances staff knew what their responsibilities were in relation to child protection. Where there had been shortfalls, managers addressed these with staff, though there was nothing to suggest any negative impact on children. Staff need to make sure however that they provide a clear record of the timeline of events.

The service's role in supporting children's physical health care was relatively minor, however they obtained all the necessary information about their health conditions and needs to ensure the care and support that staff provided was safe and effective. They also received relevant training, for example in moving and handling. The service had arranged training in child development and attachment, though as this was just taking place it was too early to evaluate the impact. Whilst very few children needed staff to support them with medication, the records we reviewed indicated children had received medication in accordance with instructions, though there was scope for improving records of administration (see area for improvement 1). Staff sometimes supported parents with medical appointments and had also contributed to positive health outcomes such as healthier eating. 'Enabling' support provided some young people with valuable opportunities to have physical exercise, including walking and swimming for example, and to get regular fresh air. Some parents told us that without the support of the service, their own health would have been negatively affected.

Areas for improvement

1. The provider should improve the quality of medication management by ensuring that staff:
(i) record the strength of all medication they are responsible for administering
(ii) include the child's name and the date on all records of administration
(iii) sign, date and explain any changes they make to the medication administration record.
This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'any treatment or intervention that I experience is safe and effective' (1.24 HSCS).

How good is our leadership? 3 - Adequate

There were some quality assurance and improvement systems in place both at corporate and service level. Some of these enabled or had the potential for allowing managers and senior staff to evaluate the service's performance in a range of areas. For example, they used a quality appraisal tool which informed the development of a detailed action plan. This was a dynamic tool that leaders regularly reviewed. They were also able to identify training gaps. There had also been instances where staff had brought changes in the circumstances of children and families to the attention of senior staff to enable them to liaise with local authority social workers for additional resources. In addition, some parents confirmed that managers had been prompt to respond to requests for changes in staff. The provider had recently introduced a new system 'My Cornerstone Experience' for finding out how happy people were with the service. Whilst this was too new to allow us to evaluate impact, it had the potential for enabling people to influence improvement.

There were some gaps in quality assurance activities and data collection that could have provided useful management information for monitoring and potentially improving performance. These included the need for more effective analysis of individual incidents (though the month-on-month collation of incidents had much improved). The service was not readily able to quantify how many visits were missed altogether, or how often and with how much notice children were supported by staff with whom they were not familiar or who had been named on the rotas sent to parents in advance. We found some issues with records of administration of medication that audits had not identified. We also found indications that concerns felt by some parents had not come to the attention of the manager or been addressed formally. This may suggest the need to raise awareness of the complaints procedure.

However, the main challenge was less about the need for better systems and more about the service's capacity to bring about sustained and meaningful improvement in the absence of additional resources or a significant change in approach. The service had been unable to achieve a number of the actions detailed in the action plan. Senior staff also spent a lot of time filling gaps in the staff rota due to staff shortages and sickness absence and occasionally had to resort to providing care directly. This meant the time they had available for sustained development of the service and other quality assurance tasks was very limited. Planned 'spot' checks for monitoring staff practice had not taken place. (See area for improvement 1)

Overall, the service had some strengths in this area, but these just outweighed weaknesses.

Areas for improvement

1. The provider should develop a plan for addressing shortfalls in key areas of quality assurance and improvement planning to bring about sustained improvements in performance.
This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state '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? 3 - Adequate

The service used an informal process for matching staff with young people and their families and used this when selecting new staff to make sure there was as much compatibility as possible. They also offered parents an opportunity to take an active part in the selection process but had limited success, though did arrange a 'meet and greet' so they and their children could meet new staff. Identifying suitable staffing levels for each child formed part of the initial referral and assessment process by the commissioning local authority. However the service also monitored this and was able to demonstrate that they had an effective system for identifying changes that indicated an increase in staffing was required. They brought these to the attention of the local authority so that a review could take place. The service was also moving towards providing 'core' groups of staff for those children with higher levels of need. This was aimed at ensuring greater consistency and continuity of care and enabling children to develop secure relationships. They had made some progress in this area but there was considerable scope for improvement. Most parents described good relationships with staff and felt they had the right skills and attitude.

As detailed elsewhere in this report however, one or the main barriers to making sustained improvements in this area was the chronic difficulty in retaining and recruiting staff. For example a total of 26 staff had left in 2019. This was despite a significant reduction both in the number of people being supported and the intensity of the individual support in late 2018. Some parents told us they would prefer new staff to have more time to get to know their children before caring for them by themselves. Some children had a relatively large number of staff supporting them. There were also some instances where staff who had been working with children over a period of time were withdrawn to support others and then rarely returned, severing an established relationship.

We concluded that strengths just outweighed weaknesses, though continued performance at this level is not acceptable. The service therefore needs a structured plan to address shortfalls and prevent children's experiences being further compromised. (See requirement 1)

Requirements

1. In order to ensure that all children and young people experience continuity of care and stability of relationships with the staff caring for them, the provider must take steps to improve recruitment and retention of staff by the end of August 2020.
This is in order to ensure that care and support is consistent with the Health and Social Care Standards 4.16 which state 'I am supported and cared for by people I know so that I experience consistency and continuity'. It is also necessary to comply with Regulation 4(1)(a)of the Social Care and Social Work Improvement Scotland Regulations 2011.

How good is our setting?

This key question was not assessed.

How well is our care and support planned? 2 - Weak

The quality of plans varied significantly. Some had a small number of specific goals to work towards, with clear actions aimed at achieving positive outcomes and experiences. These were linked to the national wellbeing outcomes (known as SHANARRI). The goals identified were appropriate and proportionate to the provision of this type of service. Some had several brief evaluations of progress. The service had also developed some good quality, very individualised behaviour support plans that provided specific guidance for staff to help them identify triggers and intervene to de-escalate and manage heightened or distressed behaviour. In addition we reviewed some good quality risk assessments that identified key concerns and risk reduction strategies. By contrast, other plans were less outcome-focussed and there was very little evidence of recent evaluation of progress or that goals had been updated to reflect changes. Few plans or risk assessments were signed by parents and there was little evidence showing the extent to which they and their children had been involved in their development. It was the service's policy not to give copies of plans to parents, which may explain why some were unsure of their content. Reviews, which should take place at least every six months, were some way behind, with a proportion overdue by more than 12 months. We acknowledge however that the service often encountered difficulty in seeking parents' involvement in reviews. Managers were aware of the need for improvements in this area, in which there had been shortfalls over a long period, and had included it in the improvement plan, but progress still fell short of the target. They explained that serious staffing shortages meant staff were required to prioritise providing care and support and had very limited time to develop and review plans. Whilst recruitment was underway, it was proving to be a challenge to appoint suitable numbers of staff. It was therefore difficult to be confident in the service's capacity to achieve an acceptable standard without additional resources. (See requirement 1)

Alongside these plans, staff had developed a range of other documentation for children and young people. These included profiles, detailed routines, likes and dislikes and strengths. They had lots of very useful information to help staff become familiar with the children they were supporting. It was clear from the detail that parents and children had been asked to provide this information, all of which was very personalised. Some of the documents were out of date however and had probably not been reviewed for some time.

Overall then, whilst there were some strengths, they were outweighed by significant weaknesses and the service will need to make structured, planned improvements.

Requirements

1. In order to ensure that the service can meet children and young people's needs, the provider must, by the end of August 2020:
(i) develop up to date personal plans for all children, detailing how their care and support needs will be met and by whom, with timescales for outcomes to be achieved
(ii) involve children and their parents in the development of the above plans
(iii) regularly evaluate progress against agreed outcomes, and review and amend personal plans accordingly
(iv) provide parents and where appropriate children and young people with a copy of the current plan.
This is in order to ensure that care and support is consistent with the Health and Social Care Standards 1.15 which state; 'My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choices'. It is also necessary to comply with Regulations 5(1), 5(2) and 5(3) of the Social Care and Social Work Improvement Scotland Regulations 2011.

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

The service should ensure that personal planning is current, effective and reviewed regularly.
This is to ensure that the quality of care and support is consistent with the Health and Social Care Standards, which state 'My personal 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 area for improvement was made on 7 March 2019.

Action taken since then

There had been very limited progress with this recommendation. Further detail can be found in quality indicator 5.1.

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
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.3 Staffing levels and mix meet people's needs, with staff working well together	3 - Adequate

How well is our care and support planned?	2 - Weak
5.1 Assessment and care planning reflects people's planning needs and wishes	2 - Weak

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