

Cornerstone New Deer Housing Support Service

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Unannounced

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Service provided by:
Cornerstone Community Care

Service provider number:
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About the service

Cornerstone New Deer is a housing support and care at home service. The service supports people with learning disabilities, autism and complex care needs to live in their own homes.

The service consists of eight purpose-built bungalows in a quiet cul-de-sac on the outskirts of the rural village of New Deer. There is an office building on site. At the time of inspection, the service supported eight people.

About the inspection

This was an unannounced inspection which took place between 28 and 29 October 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 five of their family
- spoke with six staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals
- reviewed the results of 27 surveys returned to us

Key messages

- Staff were attentive and caring, which had a positive impact on people's wellbeing.
- People were supported to access health care, benefitting their health and wellbeing.
- Improvements were needed to ensure that people were not unnecessarily restricted in their daily lives.
- Best practice guidance for infection prevention and control was not always followed.
- Leaders had improved oversight of medication and health and safety; however, finance checks were ineffective.
- People were supported by a consistent and caring staff team.
- People would benefit from care plans that contained more detail.

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?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	5 - Very 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?

4 - Good

We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

Staff were attentive and caring, which had a positive impact on people's wellbeing. Staff took time, enabling people to be clean and dressed how they liked. Staff used a calm approach, using communication that people understood. This ensured people were comfortable and at ease.

People were encouraged to stay active, in ways that suited them. People expressed joy, when being supported to get ready to go on outings of their choosing. Families praised staff for their efforts to support people in meaningful ways. Activities were tailored to reflect people's interests and needs. For example, one person was supported to purchase a greenhouse after expressing a wish to grow their own plants and vegetables. As a result, people led fulfilling lives.

People were supported to eat and drink things they enjoyed. Menus were tailored, in collaboration with families and diets were adjusted to support wellbeing. For example, one person benefitted from increased fruit and vegetables to support improved bowel health. People experienced personalised support with food and drink.

People benefitted from timely and consistent access to healthcare. Staff knew people well, which enabled them to notice changes in people's health quickly. One family said, "They really monitor his health and keep in touch with me about all his health conditions." Records indicated that people were supported with appointments for general health, such as the GP, nurse, and dentist. People's health benefitted from their care and support.

People experienced safe and effective support with both regular and "as required" medication. Medication was stored securely and given as prescribed. Staff followed care plans, ensuring people received the appropriate level of support with medication. Staff had made improvements to the recording of "as required" medication. However topical medications, such as creams, were not always labelled clearly. This could result in topical medications being ineffective. (See "What the service has done to meet areas for improvement made at or since the last inspection").

Staff knew people well, meaning they could support people when they experienced stress and distress. Staff could recognise, and respond to, changes in people's non-verbal communication. Medication to support anxiety was used appropriately and only when needed. The service kept detailed records when people experienced stress and distress, and the staff team discussed these situations informally. However, there was limited analysis of patterns in distressed behaviour. This would allow staff to identify potential causes for distress and may proactively reduce people's anxieties. Leaders agreed to review how they monitor and analyse episodes of stress and distress. We will review this at future inspections.

Restrictive practices, such as locking doors and the use of visual monitors, were used for some people. However, care planning for these practices did not always contain clear guidance or legal agreements, which could result in unnecessary restrictions. (See area for improvement 1).

People were supported to keep well maintained and clean homes. The organisation had a clear infection prevention and control (IPC) policy that reflected national guidance. However, on one occasion, this policy was not followed. This resulted in a delay in taking the necessary steps to prevent the spread of a potentially infectious illness. The provider should ensure that people are protected by effective IPC procedures. (See area for improvement 2).

Areas for improvement

1. To ensure that people are not restricted unnecessarily, the provider should ensure that any restrictive practice, or restraint, has a clear care plan and risk assessment.

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

'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively.' (HSCS 1.3)

2. To ensure people benefit from safe infection prevention and control practices the provider should ensure that staff are aware of, and follow, policies and procedures for the management of respiratory symptoms in line with current best practice guidance.

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

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

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. Whilst there were strengths, and signs of improvement, these were compromised by areas of weakness that had the potential to impact on people's experiences.

Leaders were present and supportive. People were visibly comfortable in the presence of leaders and often visited them in the office. Both staff and families praised leaders for being available and supportive. People, staff, and families felt able to approach leaders. People benefitted from an open culture, with an on-site leadership team.

Leaders had completed a self-evaluation of people's care and support, which informed a service improvement plan (SIP). This led to some improvements, such as better training compliance and more consistent reporting of unplanned events. The evaluation also revealed gaps, including the need for further work on restrictive practice and care planning. While self-evaluation was underway, it was not yet robust enough to consistently identify poor practice, for example in areas like infection prevention and control (IPC). Leaders should continue to develop their skills in self-evaluation, to identify areas for improvement. This should continue to improve the quality of support experienced by people.

Quality assurance had improved experiences for people in some areas. For example, medication audits had resulted in clearer medication care plans and recordings. However, the finance audit failed to safeguard people from potential financial harm. The audit tool did not prompt leaders to carry out all essential checks. This limited oversight meant that despite some progress, the quality of people's care and support was not consistently assured. (See requirement 1 and "What the service has done to meet requirements made at or since our last inspection")

Leaders used unplanned events such as, incidents and medication errors, as learning opportunities. These events were discussed at team meetings, meaning the staff team could learn and improve practice. People benefitted from a culture of reflection and improvement.

Requirements

1. By 28 December 2025, the provider must ensure people are protected from financial harm. To do this the provider must, at a minimum:

- a) Review current finance audit tools to ensure they effectively identify and reduce potential harm.
- b) Ensure staff are aware of, and follow, finance procedures that are in place to reduce the risk of harm.
- c) Ensure leaders take appropriate actions when audits highlight areas of concern regarding people's finances.

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 state that:

'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded' (HSCS 2.5).

How good is our staff team?

5 - Very Good

We found significant strengths in staffing and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People had consistent care from staff they knew well. People benefitted from small 'core' teams, supported by a 'bank' of regular relief staff. Although the service had a small staffing deficit, the service was actively recruiting to fill these vacancies. Staff had worked hard to provide additional cover to ensure people received consistent care and support. One family member said, "In the last few years the staff team has been so stable." People had built trusting, positive, relationships with staff who met their needs.

Leaders consistently arranged the care that people had been assessed to receive. Staff were matched to people, based on their own skills and attributes. For example, it was important to one person, that their core staff team could swim. Another person, wished to only have male support workers. The service strived to ensure people were comfortable with, and received maximum benefit from, the staff who support them.

Staff worked well together to ensure people had the support they needed. Staff had in-person handovers and written communication tools, to ensure that care needs were effectively communicated from one shift to the next. One family praised staff, who had supported their loved one to an important appointment, that they could no longer attend. People experienced flexible and responsive, care that met their changing needs.

People received care from a well supported staff team. Staff reported having regular opportunities to discuss their practice at both staff supervisions and team meetings. Team meetings regularly discussed professional codes of practice and Health and Social Care Standards. People could be confident that the service strived to ensure that staff delivered the best possible care to people.

How well is our care and support planned?

3 - Adequate

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

Care plans were in place for all people and were regularly reviewed. Plans included some person-centred information, such as detailed daily routines. Whilst some plans reflected people's strengths, personalities and aspirations, others did not contain enough detail. For example, positive behaviour support plans varied in quality. Some were detailed, while others lacked clarity about what was usual for a person and what would indicate stress and distress. This could result in inconsistent care and support. (See area for improvement 1).

Staff followed professional guidance to help people maintain good health. For example, staff had a clear understanding of how to respond when people with epilepsy had a seizure. However, some professional guidance was outdated, meaning it no longer supported staff to meet people's needs. The provider agreed to review people's professional guidance, and seek further input from professionals, if required. This should result in improved support, that reflects people's current needs.

People who needed support to make decisions had the necessary legal documents to support this. While it was positive that staff knew when a person had a welfare guardian, there was no record of discussions with guardians about delegated powers. This could result in uncertainty about what decisions a person can make independently. The provider agreed to discuss decision making with welfare guardians, and make this clearer in people's care plans. We will review this at future inspections.

People benefitted from regular care reviews. Some people benefitted from reviews that were goal orientated, meaning they supported people to do what they wanted in life. For example, one person was supported to grow their own vegetables. The provider should continue to develop in this area, to ensure all people benefit from outcome focussed care plans and reviews.

Care plans were not as accessible as they should be. Plans were recorded using different templates and formats, with some plans being duplicated. This made it difficult to find essential information, or to know which care plan was accurate. This could result in inconsistent care and support. Care plans should be accessible to people, staff, and families. (See area for improvement 1).

Areas for improvement

1. To ensure that people benefit from consistent care and support, the provider should ensure care plans are accessible and contain sufficient detail.

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

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

Requirements

Requirement 1

By 2 June 2025, the provider must ensure that people are safeguarded by robust quality assurance processes, checks and audits, that inform improvement. To do this the provider must, at a minimum:

- a) Review current audits to ensure these give sufficient oversight to leaders.
- b) Ensure leaders have sufficient oversight of any quality assurance processes, checks and audits that are delegated to other staff.
- c) Ensure that any deficits are investigated and acted upon quickly.
- d) Ensure that staff understand their role in quality assurance.

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 state that: '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 27 March 2025.

Action taken on previous requirement

Leaders had worked hard to improve some of the audits that were used to keep people safe. Medication audits were done regularly and resulted in improved "as required" medication recordings and care plans. Staff understood their role in quality assurance, and records indicated that staff carried out regular daily, weekly and monthly health and safety checks. Maintenance records had improved, resulting in improved living standards for people. However other audits, such as finance, were not effective and required further improvement to ensure people's safety. (See Key question 2 "How good is our leadership?").

Some elements of this requirement have been met, and will therefore be removed. A new requirement has been made to address outstanding issues. (See Key question 2 "How good is our leadership?" requirement 1).

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 that people's ongoing health needs are met, the provider should ensure that people are referred to appropriate health care professionals when their health needs change.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 27 March 2025.

Action taken since then

The service had improved its oversight of people's health. Records indicated regular involvement from health professionals such as the GP and epilepsy nurse. Families spoke positively about the services support to access healthcare. Staff recognised when people's health had changes, and made prompt referrals to appropriate professionals. People's health benefitted from staff who knew them well.

This area for improvement has been met.

Previous area for improvement 2

To ensure that people benefit from 'as required' medication, the provider should review medication care plans 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 that: '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 27 March 2025.

Action taken since then

Staff had improved how they supported people with "as required" medication. Care plans gave clear instructions on when to give these medications. Staff consistently recorded when people took these medications, meaning that they could monitor its effectiveness.

However, one person's topical medications, did not have clear labels and had not been dated when opened. This could result in these medications being less effective. The provider assured us this will be checked more carefully. This should ensure that people receive the maximum benefit from all medications that they are prescribed. We will review topical medications at future inspections.

This area for improvement has been met.

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?	4 - Good
1.3 People's health and wellbeing 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?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very 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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