

Cornerstone Stevenson Court Care Home Service

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Aberdeen
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Telephone: 01224 620 516

Type of inspection:
Unannounced

Completed on:
12 January 2026

Service provided by:
Cornerstone Community Care

Service provider number:
SP2003000013

Service no:
CS2003000220

About the service

Cornerstone Stevenson Court is a care home which is registered to provide a service to a maximum of three adults with a learning disability. At the time of the inspection two people were living in it. The provider is Cornerstone Community Care, a large voluntary organisation and registered charity, which provides care services across Scotland.

The service is located in a block of flats in a residential area of Aberdeen close to the city centre. There are lots of services and amenities nearby, including shops, cafes, a theatre and bus routes.

About the inspection

This was an unannounced inspection which took place between 7 and 9 January 2026. 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 people using the service
- spoke with four staff and management
- observed practice and daily life
- reviewed documents .

Key messages

- The people living in the home were happy and enjoying an active life.
- The staff were knowledgeable and competent.
- Managers provided strong support and assurance.
- The home environment suited everyone who was living there.

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?	5 - Very Good
How good is our setting?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

People's health and wellbeing was supported at a very good level. There were strengths in the service and very few areas for improvement.

The people living in Stevenson Court had a very good quality of life. They were happy and relaxed in all areas of their home. There were two people living in the home and they were chatty with one another without the need for staff intervention or support. They attended some of the same activities, and knew some of the same people, which gave them links with one another. They said they were friends and liked sharing a house.

Despite recent changes to staffing, both people were enabled to go out to their chosen activities. The rota ensured staff were deployed so that people could be accompanied as required to groups and activities outside of their home. These activities were clearly noted in a weekly timetable and also in people's support plans. Within the house people were encouraged to take part in household routines such as cleaning their bedroom, planning the menu, helping with cooking and doing laundry. Each person also had things that they enjoyed in the home such as using their tablet, or watching television and these preferences were understood and supported by staff. This helped people to have purpose every day and have a feeling of control and autonomy in their lives. Goals were identified for each person and some had been fulfilled, for example to take part in more activities. People and staff should use the next review as a chance to consider goals for the next few months. We mentioned this to the manager, who assured us that this would happen.

Each person had a helpful and clear support plan. These gave staff guidance in how to encourage and enable people to live as full a life as possible. People were not overly restricted, rather they were encouraged to take thought out and acceptable risk. Examples of this were for someone to be in the kitchen and the sharp knives were locked away for safety, or to travel on their own in a taxi but with a known taxi driver.

People could have quite complex physical and mental health needs and these were supported by a multi disciplinary team such as GP, dentist, optician, learning disability nurse, psychiatric services. This range of advice and support enabled people to have the best health advice to suit them.

People's food and drink was well catered for, with people doing what they could independently, for example getting a juice or a coffee. Meal preparation was supported by staff. The evening meal was decided a week in advance through a communal meeting. People then made their own choice each day for lunch and breakfast. If someone didn't want to eat the pre planned dinner they could have a choice of other food, for example a sandwich or 'picky bits.' Staff guided people to choose a suitable diet that would maintain a healthy weight and lifestyle. Where people were concerned about their weight, the staff weighed them monthly to ensure there was not a lot of change and this was successful and reassuring to the person and the staff group.

One small improvement that could be made in relation to food and drink was that jars and containers could be labelled with an 'opened by' date. This would enable staff to be sure that anything that was being consumed was within its 'use by' timescale. The manager agreed to remind staff about this.

People used medication daily, and also on an 'as required' basis. Both people had been assessed as needing full support with this area of their lives. Staff followed each person's individual guidelines and procedures, as noted in their support plans. The storage of medication was in individual's bedrooms, and was safe and

well organised. The administration was described fully in the support plans, including an area to describe anticipated difficulties and how to address them. The administration sheets were completed neatly and accurately, making them easy to follow. The medication count after each administration and the weekly audits were contributing to a robust system. All staff were up to date with medication training and regular observations to confirm their competency were taking place, which assured people that their medication needs would be met safely.

People were being supported with their money, in their banks, and some cash was kept in the office for when people required it. There was a strong system in place which was being used effectively. Receipts were available for all expenditure. People were not given too much cash at one time to minimise the risk of people losing, or being encouraged to misuse it. There were regular checks to ensure the cash was correct. There were also audits by the lead practitioner on a monthly basis to ensure everything was accurate. This meant people did not need to worry about their finances.

There was very good organisation in the office and administration aspect of people's support, and this added to people's safety and quality of life. For example, there was a diary and a linked handover sheet which ensured all staff knew the important events each day. The use of tick sheets to confirm important safety duties such as temperature checks for water in the shower and the fridge and freezer temperatures ensured safe limits. Another innovation that enhanced people's safety in their home was the use of champions for different areas in the home, for example infection control and health & safety, which meant each area had someone taking a specific interest. The lead practitioner did regular audits in all aspects of the running of the home and this helped to maintain the high standard of care.

How good is our setting?

5 – Very Good

The facilities at Stevenson Court were very good, with strong areas that supported people to have good outcomes. The layout of the home and the quality of the environment supported a feeling of comfort and ease for living.

Each person had their own bedroom which was decorated to their taste, and one person was proud to show their room and how tidy and clean it was. The large shared lounge had plenty of space for people to sit, together or apart, and to accommodate any walking aids that people used. The kitchen had the usual household items and plenty of cupboard space. People were able to gather and eat together around a central table with a brightly coloured tablecloth. It was a welcoming and homely area.

The office and sleepover bed were contained in one room which the residents could enter if they wanted to. This helped to keep all the administration activities and records out of people's living area. Information that was important for people to know each day was on the wall in the hall or kitchen. For example, there was a colourful display which utilised bunting, letters and photographs to show which staff would be on the day shift and the sleepover shift. This was attractive to look at and enabled all people to access the information as suited them. Similarly the agreed menu for the dinner throughout the week was on the wall in the kitchen, so people could remind themselves of what they would be eating. This was displayed with written information and we suggested to the manager that photos of the meals could be helpful and they agreed to look into this.

The upkeep of the house was very good. All areas were clean and kept in good condition which limited the risk of infection, for example there was new flooring in the shower room.

Inspection report

A number of audits and checks were completed timeously which maintained the safety of all areas. For example, there were daily and weekly checks on areas such as cleaning kitchen surfaces, recording all the temperature checks, ensuring medication cupboards were clean, and these all contributed to the a high quality environment.

A property inspection was regularly carried out which identified areas that were in need of repair or upgrade. As well as the manager identifying these areas, the people who lived in the home were involved and all views were recorded on the inspection sheet for inclusion in the annual plan. For example, people wanted fresh paint and blinds in the kitchen and this was put on to the plan, to be actioned along with points that the manager felt needed attention. The staff were all identified as champions for different areas such as infection control, health and safety, and fire safety. This combination of input meant all people who had an interest in Stevenson Court were able to contribute to the environment.

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 support people's health and wellbeing and improve the quality of their lives, the provider should improve how they support people to maintain positive relationships with each other.

This should include but not be limited to, supporting positive relationships between people, supporting all people to feel included and collaborating with any relevant professionals who can support relationships in the home.

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

'I am enabled to resolve conflict, agree rules and build positive relationships with other people as much as I can' (HSCS 2.15); and

'I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing' (HSCS 2.18).

This area for improvement was made on 24 March 2025.

Action taken since then

The staff team liaised with the multi disciplinary health team, spoke with the people who lived in the service and families, and they all considered to how best to resolve any tension between people. This resulted in one person moving to a different home where they have settled very well.

The two people now living in the service were happy and comfortable with each other. They share similar tastes and attend some of the same activities. When they are at home, they chat with one another as well as spend time in their individual rooms. The staff are aware of people's individual personalities and needs. These are written into the support plans and enabled by the staff. Staff support people to use their bedrooms to have their own space and time. Sharing space in the kitchen and lounge is encouraged and enabled by staff being calm in those spaces, and guiding helpful conversation if people are becoming agitated.

This area for improvement has been met.

Previous area for improvement 2

To support positive outcomes for people, the provider should allocate sufficient leadership time in the service to improve quality assurance and improvement systems and processes.

This should include but not be limited to, sufficient leadership time for developing the service improvement plan, sufficient leadership time to ensure future staffing meets people's needs, sufficient leadership time to support staff development through supervision, and sufficient leadership time to undertake any other

assurance, improvement and auditing tasks.

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 area for improvement was made on 24 March 2025.

Action taken since then

The lead practitioner and manager of the service had completed all the expected audits and checks in the last year which showed that time was available for these tasks.

The lead practitioner shared their plan for how they supported the services and staff team, which included set days in each service which meant staff knew when they would see them.

Staff said that they did not see their managers every day but they felt supported. They would have no hesitation to call and know that they would get help any time that they want or need it.

This area for improvement has been met.

Previous area for improvement 3

To support people's health and wellbeing and improve the quality of their lives, the provider should improve how they support people to engage in their care reviews.

This should include but not be limited to, supporting people to actively take the lead in their reviews and ensuring review documentation clearly details people's thoughts, views and wishes.

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

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

This area for improvement was made on 24 March 2025.

Action taken since then

There was a form in use that people were supported to complete before their review. It simplified the review information for the people who lived in the service and made it easier for them to say what they wanted.

The people who presently live in the service might find it difficult to lead their own review in the present format, but they were certainly being enabled to take part and express their opinion.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

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