

Cornerstone New Deer Housing Support Service

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Type of inspection:
Unannounced

Completed on:
7 January 2026

Service provided by:
Cornerstone Community Care

Service provider number:
SP2003000013

Service no:
CS2015343110

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.

This was a virtual follow up inspection, where no physical site visit took place.

About the inspection

This was a follow up inspection which took place between 05 and 06 January 2026. The inspection was carried out by one inspector from the Care Inspectorate.

The inspection focused on the requirements and areas for improvement made at, or since, the previous inspection on 28 and 29 October 2025 and evaluated how the service had addressed these to improve outcomes for people.

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 five staff and management
- reviewed documents

Key messages

- Quality assurance had improved, reducing the risk of people experiencing financial harm.
- Staff had an improved understanding of infection prevention and control, reducing the risk of people becoming unwell.
- Whilst some progress had been made further work was required to improve care plans, including care plans that placed restrictions on people's lives.

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

Requirements

Requirement 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).

This requirement was made on 12 November 2025.

Action taken on previous requirement

Leaders had reviewed the tools they use to check people's finances. Staff had a clear understanding of finance procedures, designed to keep people safe. People's finance records were checked regularly, and any discrepancies were highlighted by leaders, and promptly corrected. People were protected from financial harm.

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 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)

This area for improvement was made on 12 November 2025.

Action taken since then

Some progress had been made to review restrictions on people's lives. Restraint reduction plans were in place for all people and listed restrictions that people experience. However, care plans did not always contain sufficient information to inform consistent practice. Some restrictive practice care plans did not evidence clear permissions from welfare guardians. While leaders had worked with staff on improving care plans, all staff did not have a consistent understanding of what would be considered restrictive practice. This could result in people being restricted unnecessarily. Leaders acknowledged that, while some work had been done, further improvement was needed. We agreed to review this at future inspections.

This area for improvement has not been met and will be reinstated.

Previous area for improvement 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).

This area for improvement was made on 12 November 2025.

Action taken since then

Staff had an improved understanding of measures they should take to prevent the spread of infection. Leaders had updated the services infection prevention and control risk assessment to include best practice guidance. Staff consistently told us what transmission based precautions they would take, should someone become ill. This included use of personal protective equipment, enhanced cleaning, and ensuring leaders are aware of changes to people's health. As a result, people were at a reduced risk of getting ill.

This area for improvement has been met.

Previous area for improvement 3

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)

This area for improvement was made on 12 November 2025.

Action taken since then

Some work had been done to improve the accessibility and quality of care plans. The provider had begun to move care plans on to a digital system, and training was scheduled to ensure staff are confident and competent in its use. This should result in care plans that are up to date and accessible. One person had a care review, and their care plan was updated to reflect agreements with the service, the person, and their family. This should result in consistent care. However, leaders acknowledged that many care plans had not been reviewed. Further time was needed to ensure all care plans are accessible and detailed. We agreed to review this at future inspections.

This area for improvement has not been met and will be reinstated.

Complaints

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

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