

Cornerstone Baxter View Housing Support Service

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Dumbarton
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Type of inspection:
Unannounced

Completed on:
3 December 2025

Service provided by:
Cornerstone Community Care

Service provider number:
SP2003000013

Service no:
CS2014325265

About the service

Cornerstone Baxter View is registered with the Care Inspectorate to provide housing support and care at home to tenants aged over 18 years with learning disabilities, autism or acquired brain injury living in their own homes.

The provider of the service is Cornerstone Community Care, a national organisation, which is a registered Scottish charity. The head office is in Aberdeen. Cornerstone Baxter View operates from an office base in Dumbarton. The office base is adjoined onto people's houses. People using the service have access to 24 hour support with wakened night staff and on call arrangements are in place. The aim of the service is stated as being to "support people by empowering them to make positive choices about their own lives." Seven people were using the service at the time of the inspection.

About the inspection

This was an unannounced inspection which took place on 24, 25 and 26 November 2025 between the hours of 10.30am and 17.50pm . The inspection was carried out by one inspector from the Care Inspectorate and with the support of an inspection volunteer. 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:

- met with six people using the service and spoke to two of their family members
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- consulted with three visiting professionals
- reviewed survey results from four relatives, seven staff and two external professionals

Key messages

The service had made substantial efforts to successfully improve health and wellbeing outcomes for the people they supported.

The management team had built on their oversight and quality assurance processes enabling the service to increase its capacity to improve further.

Positively, some recruitment had taken place at the service but there should be ongoing efforts to reduce agency staff usage to improve consistency across the team.

Care plans were up to date and recorded people's needs and wishes whilst documenting actions and progress.

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?	4 - Good
How good is our staff team?	3 - Adequate
How well is our care and support planned?	4 - Good

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, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

During our visit to the service, we spent time speaking with supported people and observing day-to-day interactions. What we saw was consistently warm, positive engagement between staff and the people they support. It was clear that the service had made significant efforts to strengthen its culture of compassion, dignity, and respect, and management had taken deliberate steps to ensure this remained a priority. Actions were taken promptly with regards to any practice that fell short. Supported people spoke openly about what they enjoyed within the service, and relatives highlighted noticeable improvements and the positive impact these changes had on their family members.

Each supported person had a photographic record of activities they had taken part in, updated monthly, which reflected a richer and more varied range of experiences. Care documentation also showed that people were getting out into the community more often and taking part in activities that mattered to them. External professionals confirmed that the service had developed a more person-centred approach and that improvements were being sustained over time. Communal areas had been brought back into use, creating opportunities for people to spend time with neighbours, join group activities, or enjoy the refreshed sensory room. This contributed to a more vibrant and inclusive atmosphere within the service.

Support for people's health and wellbeing was appropriate and well documented. Management and key workers were proactive in identifying changes in people's presentation and responding quickly when concerns arose. Although the use of agency staff had reduced, further improvements in staffing continuity would enhance people's overall wellbeing, and we were aware that the service was actively working toward this. Health emergencies were handled promptly and involved the relevant external professionals, ensuring that people received timely and effective care. We were assured that people's health and wellbeing was benefitting from their care and support.

How good is our leadership?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The service had made substantial efforts to raise the overall standard of care. With additional key staff now in post, the management team had a greater presence and influence across the service. Although it was encouraging to see agency staff being supported and developed, this had required a considerable investment of time. We were assured, however, that this demand would lessen as the service continued its plans to increase the number of permanent staff. The provider had also introduced new facilities support staff to oversee repairs and environmental upgrades. This had proved effective and allowed managers to focus more fully on the quality of care and support being delivered.

Managers and lead practitioners demonstrated a strong commitment to reviewing any incidents or medication errors. They provided detailed feedback to staff to support learning and improve practice.

Management coverage had been extended to weekends, helping to ensure a consistent approach throughout the entire week. It was also positive to see the service introducing its own surveys for supported people and their relatives, alongside maintaining regular six-monthly reviews. Overall, we were assured that quality assurance processes were robust and that improvement was being led effectively.

How good is our staff team?

3 - Adequate

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

The service had invested considerable effort into developing its staff team, ensuring that agency staff were included in training and support. Recruitment campaigns were ongoing to increase the proportion of permanent staff, and while some progress had been made, further increases would help strengthen the team overall.

(See area for improvement 1).

Several development days had already taken place, with more planned. Feedback from relatives and permanent staff had highlighted food hygiene and preparation as areas requiring further development for some staff members, and it was encouraging to see that the service had already put plans in place to address this. Staff competence and knowledge were being monitored closely, with action taken where needed.

The service had also worked hard to reduce medication errors and had carried out thorough analysis of incidents. Despite this, it appeared that errors were more likely to occur when people were supported by agency staff. Recent temporary increases in staffing deployment had led to some positive outcomes, while reductions in other areas had resulted in less favourable impacts. Although these fluctuations were influenced by external factors beyond the service's control, we asked the service to continue monitoring people's outcomes closely and ensure that staffing levels remained appropriate.

Areas for improvement

1.

To support people's health and wellbeing the provider should continue to strengthen and develop their staff team by ongoing attempts to recruit and maintain permanent team members.

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

'I am supported and cared for by people I know so that I experience consistency and continuity' (HSCS 4.16).

How well is our care and support planned?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The care plans we reviewed were routinely updated and regularly considered by the staff team. Risk assessments were current, clearly documented, and provided a sound rationale for any restrictive practices in place. Care notes demonstrated that identified actions were being followed through, showing a consistent link between assessment, planning, and day-to-day support. While most plans were clear and comprehensive, we identified a small number that would benefit from more consistent information and discussed this with the service.

(See area for improvement 1).

Despite this, the plans we sampled effectively captured people's goals and future wishes, supported by progress notes that reflected ongoing work toward these outcomes. Overall, we were assured that assessment and planning processes aligned well with people's needs, aspirations, and preferred ways of living.

Areas for improvement

1.

To support people's health and wellbeing, the provider should ensure that care plans clearly highlight critical information and reflect this in a consistent manner throughout the entirety of the plan.

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

'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 areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The service should ensure medication audits are routinely established, and that any identified issues are actioned by the service in a timeous manner.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state 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 14 January 2025.

Action taken since then

There were numerous medication audits in place for each supported person. These were thorough and covered all aspects of people's medication and medication records. These audits ensured that any errors were picked up timeously and acted upon.

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

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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