

Cornerstone Sunnybank Care Home Service

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Type of inspection:
Unannounced

Completed on:
28 January 2026

Service provided by:
Cornerstone Community Care

Service provider number:
SP2003000013

Service no:
CS2014325430

About the service

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

The service is located on the ground floor of 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, and bus routes.

About the inspection

This was an unannounced inspection which took place on 21 and 22 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 three people using the service
- Spoke with five staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals.

Key messages

- People were happy in their home.
- The staff enjoyed their job and valued their relationships with people.
- Managers worked hard to be supportive to all the staff and ensure good care for people.
- A visiting professional said they trusted the service to look after people well.

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?	4 - Good
How good is our setting?	4 - Good
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

People's wellbeing was supported at a good standard. There were strengths which supported good outcomes for people and some areas which could be improved to provide consistently better outcomes.

The staff in the home cared about people's quality of life. As well as trying to ensure people enjoyed their life, they looked for good options and solutions when people were not happy. They were mindful of the dynamics that people living together could present and worked to help everyone feel included and settled.

One resident told me she liked living there and likes all the staff. Another person indicated they were happy and enjoyed helping with their everyday chores.

A care manager told me, "they are proactive and like to be involved with the health and multi disciplinary team, they really care about getting the best for people."

People's medication was stored in clean neat cabinets, with the temperatures being checked daily which showed they were at a safe temperature. The medication was administered as described in people's plans and medication administration and recording sheets (MARS) were completed accurately. This meant people could be assured they would receive the correct medication at a suitable time.

All the people needed support to keep and use their cash safely. People's cash was kept in locked tins until they needed it. These were locked in the office. All cash handling and transactions were monitored through an electronic recording system. This kept a continuous tally, and was completed by the worker who used the cash. These were up to date. The cash records were additionally audited by managers, so people knew their money was safe and well looked after.

Relationships in the home were friendly and caring. Some people got on particularly well with one another, seeking each other out and spending time in rooms together. This was easy to see when in the home, as well as being noted in their records. The staff also showed good relationships with people. They knew everyone's preferences, and made sure they were respected. Even if they were not directly working with a person they spent a few moments talking to them e.g., asking where they were going for lunch. This helped people to know that all staff were always interested in their lives.

Everyone had a weekly planner. This showed activities for each morning and each afternoon. Some people went out themselves to various places, and some always needed staff with them. There were always enough staff on duty to take people out when it was planned. It would be beneficial for people to be more supported with activities when they were in the house. Everyone helped a little with their household chores and it would be possible to expand this. Also there were periods where people did not have anything planned and they might appreciate some staff support. We discussed this with the manager and they agreed. One idea they thought was to have Movie Night, and this seemed like a good idea.

All the people had particular needs and preferences in relation to eating and drinking. The staff supported everyone to take part in menu planning each week. They then ensured everyone ate safely. For example, one worker told us about the types of food that pureed well, and how they were looking for other foods so the person could expand their diet. Another one talked about a diet that was minced and moist and what food worked well for this. There were reminders about dietary requirements and how to ensure they were met in the kitchen. Everyone had an enjoyable and personalised eating experience.

How good is our leadership?**4 - Good**

The quality assurance and the leadership for improvement in the service was good. There were prominent strengths and a few small areas for improvement.

Both the manager and the lead practitioner had responsibilities in other services, as well as Sunnybank. There was a planned rota for each week which let staff know when leaders would be in the building. When they were not in Sunnybank the leadership team were able to be contacted over the phone. There were potential difficulties with the leadership team not always being on site to immediately address any issues that arise. These were discussed with the manager who assured us they strive to maintain oversight. Staff said they were supported well. Managers also supported staff through monthly team meetings where all residents were discussed and any updates or changes to support were confirmed. This helped to ensure support for people was improved when required.

There were year long planners to ensure the staff had 1:1 meetings on a regular basis as an opportunity to discuss their practice. The opportunities were supervision sessions, an appraisal each year and observations of staff competency. The areas covered by the competency checks were; moving and assisting people, support with eating and drinking, medication administration, correct use of personal protective equipment and meaningful engagement with people. This ensured that people could be assured their staff were competent.

The quality assurance of the building was overseen through a service audit and action plan. This covered many areas, some of which were; electric gas and fire safety, lighting, windows, hoist maintenance. The essential maintenance was up to date indicating that this quality assurance was working well.

On a more frequent basis there were service spot checks each month. This ensured that daily checks were being completed by staff, for example the daily handover sheet, the environment walk around and the cleaning schedules. On a daily basis the staff ensured their work was safe and up to date and this was quality assured through checklists. Examples of this were shower/bath temperature records, food temperature records, expiry of food and date label checks, check for activity boards being up to date.

An indication for managers that improvements may be required were accident/incident forms. These were filled in immediately, or soon after the incident. All sections were completed and good explanations were given. In each one, we saw the manager had completed their section and other people were notified if necessary, for example an occupational therapy referral. Following completion of the forms and a review of all the information, there was a recorded discussion with the support workers to ensure understanding of what happened, and improvements in the support for people.

A visiting professional told me the managers were very good at communicating and letting them know if something was not going well, so it could be improved.

How good is our staff team?**4 - Good**

The number of staff and the way they were deployed was at a good standard.

One worker told us they liked the team and they had good colleagues. Three workers specifically mentioned what a good lead practitioner they had and how well supported they felt.

The recruitment was good, with all safe checks being done, for example two references were obtained, a right to work in the UK check was obtained and a check for criminal record was undertaken.

Once recruited, staff were trained and their competency checked before they worked with people. All of the carers were up to date with their training and completed their refreshers when reminded via an email. One worker told me further training in dementia would be useful and two mentioned they would appreciate more information about the key worker role. This was discussed with the manager who assured us they would take this forward so all carers felt skilled and knowledgeable.

The total numbers of carers employed in the service was good, but more recruitment was required. The service occasionally used their relief pool and used agency workers regularly. This was not the very best support for people. The rota was not able to be set in advance and the changes were not ideal for people or the staff. When the service is fully staffed, the rota will be set in advance and should change very little. The manager was actively working on this.

How good is our setting?

4 - Good

The setting and environment in the home were good. There were a number of strengths which contributed to good outcomes for people, and a small number of areas for improvement.

The layout of the building was helpful for people who used aids for their mobility. There were wide corridors and large bath and shower rooms. The lounge area had clear space to manoeuvre so people could reach the place they wanted to be. The living and bathroom areas were clean with no visible stains, and uncluttered. This helped to reduce the risk of infection and made them useable for people with any need, and their support staff. The office/sleepover rooms were clean but were cluttered. There were items waiting to be used or moved elsewhere, or tidied away. This made the environment less easy, and more time consuming to work in. The manager agreed to attend to this in the coming week.

Generally the equipment in the home had clear access which helped ease of correct use. One exception to this was a pedal bin which was situated where the pedal could not be used. This increased the risk of infection by people touching the lid of the bin. This was rectified immediately upon discussion.

The living room had areas which suited individual people's needs. Examples of this were a person who did not like to be in the busyness of the home had their chair in the corner away from the door, and a person who enjoyed their lunch alone at the table had a clear spot to sit. People's own bedrooms reflected their taste with regard to colour, bedclothes and pictures. Important aspects for people were noted and acted on, for example an exact placing of soft toys during the day and during the night. This helped people to express their own identity and find peace in their own room.

How well is our care and support planned?

4 - Good

The support plans and the way they promoted people's choice and wishes was good. The plans were comprehensive and contained a lot of relevant information. They were easily accessible for all staff.

There was a high risk alert form at the start of each plan, outlining key areas that were needed to keep people safe, and where to find more information. This was useful to alert or remind people about very important areas for people's care and therefore people were safer. Some people's high risk alert forms listed risks for them when eating and drinking. It was easy to find their dietary requirements and guidance in the eating support plan, and the original guidance from the dietitian. The guidance from the dietitian on how to prepare different levels of diet were duplicated in the kitchen. This ready access to important information made it easier for staff to give the correct level of support.

People in the home had various means of communication and these were referenced in the support plan. As well as describing how to communicate with people, there was a description of the effect that not understanding had on people, and what the worker should then do. This was a useful piece of information to make sure people did not get frustrated or upset when trying to communicate. One person had good descriptions about their objects of reference which was helpful. This should also be used as a prompt to staff to expand these, and so expand the range of understanding.

There were parts of people's plan which had duplicate information in different parts and that made it hard for staff to be sure they had the correct information. These parts could be more concise. We discussed this with the manager who told us about a new system which would be implemented soon. They will consider unnecessary duplication when transferring the information.

Activities which people enjoyed were well catered for in their support plan. As well as written descriptions of what people liked, there were photos to guide staff and help them to support people well. Some people had a lot of activity sheets which should help staff to suggest different ideas to people, and keep life interesting. Goals were also identified in people's plans. Some had been met, so an update was needed and some were yet to be reviewed. The manager said these would be looked at as part of people's next review.

Everyone had their own plan reviewed periodically. There was an annual review with their care manager. There were some reviews in the intervening six month periods, but these were not in place for everyone. The manager confirmed that these were planned to be completed this year.

The process to be followed in relation to care plans when people move into the home required an update. This was in relation to ensuring emergency situations were planned for. The process to alter the personal emergency evacuation plan and the Herbert protocol did not reflect an immediate update on moving. This has now been altered and all people have up to date emergency plans.

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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
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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